10143

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDT	IEICA	TE	ΛE.	DEATH	
1 FRI	IFIL 4		145	17 P (A 1 II)	

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IA		1017	<u>E</u>
I	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence b	efare admission)
1	O. COUNTY WASHINGLION MARYLAND	MARYLAND WASHING	TON
	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN It autside carparate limits, write RURAL and give ne	arest tawn)
	write RURAL and give nearest fawn) BENEVOLA	BENEVOLA	211
Γ	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	BOONSBORD ROUTE-1-	BOONSBORD ROUTE 1	YES NO X
3	NAME OF First Middle DECEASED	Last 4. DATE Manth	Day Year
-	(Type or print) LOUIS ELMER H	LDKIDGE DEATH A VILU - 22	1967
12		8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YE. last birthday) Months Da	
-	MALE WHITE WIDOWED DIVORCED]/	YOV. 24.1913 53 yrs. 7 2	8
	la. USUAL OCCUPATION (Give kind of work done rigge most of working life, even (Letired) INDUSTRY	COUNT	N OF WHAT RY?
_	TEACHER BOONSBORD HICH DEHOOL	JUTTS BURCH PENMA	4.5.A
ľ	0.5-5-0.5-0.5-	14. MOTHER'S MAIDEN NAME	
Ļ	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
F	(es, na, ar unknawn) ((If yes give war ar dates af service))	0	.3.
L	Ne 173 = 03 - 0043 [VI)	RS-KUTH ALDRIDGE BOOKSIBE	
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	1 -1 D	INTERVAL BETWEEN ONSET AND DEATH
	157X IMMEDIATE CAUSE (a) Carcinoma	of the taherease	July 1965
ı	Canditions, if any, which gave)		
	rise to immediate cause (a),		-
1	stating the underlying cause (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO.			PERFORMED?
IELCA	200. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
CEDTIELCATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)
MED	Hour a.m. While Not While of work	ary, street, affice bldg., etc.)	
	21. I certify that (I) (this haspital) attended the deceased fram_	July 1964 to July 196	that (I) (we) fast
	saw the deceased alive an 1/5 1962, and that	t death occurred at 7 AM, fram causes and an the	
	22a. SIGMATURE	ATTENDING MED. STAFF 22b. DATE !	SIGNED
	Can Solve M.E.	D. PHYS. DIRECTOR PHYS.	2-6.1
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
-	Dr. Charles C. Spencer	145 S. Prospect St. Hagerstown	
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town) (Con	unty) (State)
-	DURIAL PULL 24.1967 EPAR LAWA	PARK NEAR HAGERSTON	N MU.
	A. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN.	ATURE CONTRACTOR
1	Jana (11. Print) 1. BOON 2 BOLSO	MD DATE JUL 26 1987 Jeliante	A Marie A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please refrove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death-VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH

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deoth and and death		PLACE OF DEATH				CE (Where deceased li		Residence before	e odmission)		
		Washington		MARYLAND	o. STATE Marv	land	Washing	ton			
the fundation	1	b. CITY OR TOWN (If outside corporate	limits, c.	LENGTH OF STAY IN 16		If outside carparate lin			town)		
by the funds. Propes.		Hagers town)	3 Days	Hage	Hagerstown 2/1/					
in in 2 ho	7	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give	d. STREET ADDRESS				B. IS RESIDENCE ON A FARM?			
filled in the papers.	1	Washington Co	unty Hos	pital	107 H	unter Hi	11 priv	re i	YES NO		
ithii on with	3.	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Doy	Year		
ed w		(Type or print) JOHN	MICH	AEL B	ECKLEY			1967	19		
that the death certificate be executed within 24 haurs after an. by the attending physician and completely filled in by the furansit permit. Then please remove carbon papers. Pages, I tremation, at remayal, and in any event, within 72 haurs after tremayal, and in any event, within 72 haurs after tremayal.) S.	Male 6. COLOR OR RAC		NEVER MARRIED	8. DATE OF BIRTH	9. AG		under I YEAR onths Doys	Hours Min.		
exe em	10.		WIDOWED		1 2700 2 200			10 CITIZEN OF	WILLIAM		
se r din	dur	. USUAL OCCUPATION (Give kind of work ing rest of working life, even if retired)	INDUS	OF BUSINESS OR TRY		unty & State, or foreign Spring W		12. CITIZEN OF COUNTRY?			
icate by			Best	er- Long			aran col	USA			
physician en please aval, and i		J. Aghby Beckley 14. Mother's maiden name Nary V. Speaker									
ing phy Then remava	15.	WAS DECEASED EVER IN U.S. ARMED FOR	CESS 1 16 SOC	IAL SECURITY NO.	7. INFORMANT	it cpca	Address				
attending permit. The	(Ye	s, no, or unknown) (If yes give wor or d	otes of service)	09-1159 F	rederick :	H. Beckl	ev Hage	erstow	m Md		
per per		IB. CAUSE OF DEATH (Enter only or				r H11,1 P		INT	FRVAL RETWEEN		
quires that the physician. signed by the burial-transit iburial, cremati		PART I. DEATH WAS CAUSED BY IMMEDIATE C		-1-x 1.		milali	,	OCO.	SET AND DEATH		
cian d by l-tra , cre		4200	DUE TO	1 11	1 1	.1			1		
physic physic signe burial burial		Conditions, if ony, which gove) nise to immediate couse (o),	(b) Con	gertme .	Kearl fa	ilure		-	selfer-		
req pp p pp p pp p e p		stoting the underlying couse	DUE TO	- 1 -	4- 01	1- 1 -			- 1		
law ndir bee s th iar		lost.	(i) are	invacura	we flear	anim	Le.	1	Row		
The atte	S	PART II. OTHER SIGNIFICANT CONDITION		1-	O THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED?		
IAN: al ar ficate far us Healt	를	200. ACCIDENT WAS UNDERLYING	ric que		D. (Enter noture of injury	in Don't Law Don't Ha	£ 5 10 i	YE	S NO		
A Section 1 may be seen	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRI	BE HOW INJURY OCCUR	o. (cilier notose of injury	HI PON I OF POST II O	or irem 15.)				
PHYSIC ne haspi this cert etached Dept. o	ਤ	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, You	or 20d 1N1H6	RY OCCURRED 20e.	PLACE OF INJURY (Home,	form, 20f. (Cit	ty or town)	(County)	(Stote)		
the thirder det	MEDI	Hour o.m.	19 While of work	Not While of work	loctory, street, office bldg.,			(()	(******)		
by hy Stat		21, I certify that (I) (this	OI WOLK		muo 10	, 1967, to c	A solla	19 th	at (I) (we) la		
R: /		saw the deceased alive o			had death accurred		om couses and				
AT Short Sho		220. SIGNATURE	11 1/10	-	ATTENDING	MED.	STAFF -	22b. DATE SIGNI	D		
DIR DIR Je 3		your C. A	to ffer	Personale .	M.D. PHYS.	L DIRECTOR	PHYS.				
	40	22c, PHYSICIAN'S NAME (Type)	10		22d. ADDRESS						
O FUNERAL director, page should be fi	72.		E THEREOF 1	23c. NAME OF CEMETERY	OD CDEMATORY	204 100170	ON (City or Town)	15	(64-4-1		
Page 4 n O FUNER director, shauld t	230	REMOVAL (Specify)	,					(County)			
F F AK	24		5/67 rstown Md	Rose Hill	Cemetery 250.	REGISTRANS	stown T		0 18		
VR A15 (4)	1 4		man Funer		Ino	OF O 19	01	arces &	noge		

41532 december - -------Benefit Fig. 7 Page Baggerands Tenth aton Crunty gon, 1741 Lot genter Hill Brite Taking deliver the later and t Pure 17 1981 Yr and And the same and the contract the same of the TO AND THE THE TAX OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O AN ENTREES IN TO LODE, IL SENS DAY'S TO LETTER LETTER OF evist of regards of

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VR A15 (4) 25M 1/67

PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceosed lived, if institution: Resi	idence before odmission)
o. COUNTY	Washington	MARYLAND	o. STATE Md	h county	lash.
b. CITY OR TOWN	(If outside corporate limits,	C LENGTH OF STAY IN 1h	c. CITY OR TOWN (If o	outside corporote limits, write RURAL and	give neorest town)
rural	Hagerstown)	n 21 years	rural	Hagerstown	2/1
d. NAME OF HOSI	PITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
RFD	3		RFD 3		YES 🔼 NO
NAME OF DECEASED (Type or print)	Rosco	e Edwin	Beckley	4. DATE Month OF DEATH Jul	Doy Year y 1, 19 67
male	2.2h 4 + a	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10-16-97	9. AGE (In years IF UNI Manti	DER 1 YEAR IF UNDER 24 HR ns Doys Hours Min.
lo. USUAL OCCUPATE uring most of worki	ON (Give kind of work done no life, even if retired)	10b. KIND OF BUSINESS OR		y & Stote, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	David L. B	eckley	14. MOTHER'S MAIDEN	May J. Shif1	er
S. WAS DECEASED E Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dates of sen	Viral	INFORMANT	Address	
110		219-36-2641 M	largaret B	eckley, Hagerst	own, Md.
18. CAUSE OF				eckley, Hagerst	INTERVAL BETWEEN ONSET AND DEATH TINSTANT.
18. CAUSE OF PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ DUE TO Ony, which gave (b) _ ofe couse (o), DUE TO	er line for (o), (b), and (c).)	1		INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF PART I. DI Conditions, if or inserto immediations in the united stating the united in the conditions in the united in the conditions in the con	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ote couse (o), derlying couse (c) CAUSE (o) DUE TO (c) (c)	er line for (o), (b), and (c).) Coronary Occlusion	n Cardio Vascu	ılar Disease S	INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if on the to immediate to immediate the storing the unitest. 2Do. ACCIDENT W. OF CONTRIBUTION OF	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ote couse (o), derlying couse (c) CAUSE (o) DUE TO (c) (c)	er line for (o), (b), and (c).) Coronary Occlusion Arteriosclerotic (n Cardio Vascu	ular Disease S	INTERVAL BETWEEN ONSET AND DEATH Instant. everal years 19. WAS AUTOPSY PERFORMED?
Conditions, if on the to immediate to immediate the storing the unitest. 2Do. ACCIDENT W. OF CONTRIBUTION OF	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) — DUE TO DOTY, which gove olderlying couse (0), derlying couse (c) . SIGNIFICANT CONDITIONS CONTR VAS UNDERLYING IG CAUSE OF DEATH CY MEDICAL EXAMINER) NURY Month, Doy, Yeor	er line for (o), (b), and (c).) Coronary Occlusion Arteriosclerotic (IBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20e. PL.	n Cardio Vascu	DIDITION GIVEN IN PART 1(o) Port I or Port II of item 18.) rm. 20f. (City or town)	INTERVAL BETWEEN ONSET AND DEATH Instant. everal years 19. WAS AUTOPSY PERFORMED?
18. CAUSE OF PART I. DI PART II. OTHER 20. ACCIDENT WOR CONTRIBUTING IF EITHER, NOTH Hour 21. I cer	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) — DUE TO ONLY, which gove of ecouse (o), derlying couse SIGNIFICANT CONDITIONS CONTR VAS UNDERLYING IG CAUSE OF DEATH LY MEDICAL EXAMINER) LURY Month, Doy, Yeor out. Dum. 19 tify that (1) (this haspital	Coronary Occlusion Arteriosclerotic C EBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED While Of Work Of twork Of the Market Of the	THE TERMINAL DISEASE CO. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg., etc.)	DISEASE SOUDDITION GIVEN IN PART 1(o) Port I or Port II of item 18.) Trans, 20f. (City or town) 1967. to July 1.	INTERVAL BETWEEN ONSET AND DEATH Instant. everal years 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)
18. CAUSE OF PART I. DI PART II. OTHER 20. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTILE PART III. OTHER OR III. OTHER PART I	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Only, which gove of e couse (a), derlying couse (b) DUE TO (c) SIGNIFICANT CONDITIONS CONTR (AS UNDERLYING IGCAUSE OF DEATH YMEDICAL EXAMINER) UURY MONTH, Doy, Yeor o.m. 19 tify that (1) (this haspital deceased alive an	Coronary Occlusion Arteriosclerotic C EBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED While Of Work Of twork Of the Market Of the	THE TERMINAL DISEASE CO. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg., etc.)	DNDITION GIVEN IN PART 1(o) Port I or Port II of item 18.) rm, 20f. (City or town) 1967, to July 1, 1 11.115 M, fram causes and at	INTERVAL BETWEEN ONSET AND DEATH Instant. Per al years 19 Was autopsy PERFORMED? YES \(\sqrt{N}\) NO 20 (County) (Stote) 967, that (i) (we) lote the date stated above
18. CAUSE OF PART I. DI PART II. OTHER 20. ACCIDENT Y OR CONTRIBUTING (IF EITHER, NOTH Hour	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Only, which gove of e couse (a), derlying couse (b) DUE TO (c) SIGNIFICANT CONDITIONS CONTR (AS UNDERLYING IGCAUSE OF DEATH YMEDICAL EXAMINER) UURY MONTH, Doy, Yeor o.m. 19 tify that (1) (this haspital deceased alive an	Coronary Occlusion Arteriosclerotic C EBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED While Of work Of work 1) attended the deceased fram 19 67, and the	THE TERMINAL DISEASE CO. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bidg., etc.) April 1, Arrival April 2, Arrival Action of the accurred of attending attending and accurred of the accurred	DIDITION GIVEN IN PART 1(o) Port I or Port II of item 18.) Tm., 20f. (City or town) 1967, to July 1, 1 11215 M, fram causes and an	INTERVAL BETWEEN ONSET AND DEATH Instant. Personal years 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 19. County) (Stote) 19. That (i) (we) long the date stated above.
18. CAUSE OF PART I. DI PART II. OTHER 20. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIL) 21. I cersow the	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO (b) derlying couse SIGNIFICANT CONDITIONS CONTR AS UNDERLYING G CAUSE OF DEATH YMEDICAL EXAMINER HUMPY Month, Doy, Yeor O.M. 19 Tify that (1) (this haspital deceased alive an Juncal	Coronary Occlusion Arteriosclerotic C IBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED While Of work Of twork Of twork Of the Coronary Occurred Of twork Of the Coronary Occurred Of twork Of two Occurred Occurred Of two Occurred Occur	THE TERMINAL DISEASE CO. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg, etc.) April 1, off death accurred of the control	DIDITION GIVEN IN PART 1(o) Port I or Port II of item 18.) rm, 20f. (City or town) 1967. to July 1, 1 11:215.M, fram causes and ar MED. STAFF 22b DIRECTOR PHYS. 7	INTERVAL BETWEEN ONSET AND DEATH Instant. Per al years 19 Was autopsy PERFORMED? YES \(\sqrt{N}\) NO 20 (County) (Stote) 967, that (i) (we) lote the date stated above

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

UF	DEATH				101	MA	
2. USU	AL RESIDENCE	(Where	deceased	lived,			

						8 3 4 1 6		
PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased			re odmissio	אפי
o. COUNTY Wash	ington	MARYLAND	o. STATE Mari	wland	b. COUNT	rederi	ck	
D. CITT UK TUWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at		limits, write RURA	the same and the	100	-
WITTE KUKAL DIN	d give nearest town)		Rural Mi	iddlet	ดพก	11 3		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS		W 1772		e. IS RESID	ENCE
Gateway	Nursing Home	9					YES X	NO
. NAME OF	First	Middle	Last	4. DATE	Month	Do	y Yea	If .
(Type or print)	Esther	R.	Bidle	OF DEATH	7	2	19	67
. SEX	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER	
female	white wind	OWED DIVORCED	10/8/1876	(ost birthday) oyrs.	Manths Days	Haurs	Min.
		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareig	n country)	12. CITIZEN O	F WHAT	
houseked	eper	own home	Frederick	c Co.,	Md.	COUNTRY	.S.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
Danie	l Bidle		Mary Cli	ine				
	R IN U.S. ARMED FORCES?		INFORMANT		Address			
no, or unknown)	(If yes give war ar dates of service	Mr	s. Harold	Holter	r, Midd	lletown	, Md	
	EATH (Enter only one cause per li	ne far (a), (b), and (c).)					TERVAL BETV	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PHEUMONIA				0	ISET AND DE	EATH
1193								
Conditions, if ony	, which gave) (b)							
rise to immediat								
lost.) (c)							
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN I	N PARI 1(o)	19.	WAS AUTO	PSY
ARTE	moscience C	ONESIG VI	Antonoga	21cons	- Suc.	y	PERFORME 'ES	NO F
20a. ACCIDENT WAS	S UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II	of item 18.)	- 1		
	CAUSE OF DEATH MEDICAL EXAMINER)							
20c. TIME OF INJU	URY Month, Day, Year		CE OF INJURY (Home, farn		ity or town)	(County)	(5	State)
Hour o.r	m.	While Not While of work	tory, street, office bldg., etc.)				
		tended the deceased fram_	المالاد ا	963 10	2 July	, 1967, 11	agt (I) (v	ve) las
saw the de	eceased alive on 29 -	Jane 1967, and tha	t death accurred at			nd an the dat		
220. SIGNATURE			ATTEMOMENT -	MED.	27452	226. DATE SIGN		
1	27400	M.		DIRECTOR _	STAFF PHYS.	3 July	196	7
22c. PHYSICIAN'S	D- 12172	27 - 3	22d. ADDRESS					
NAME (Type)	Dr. Will:	iam N. Fender	Hagerst	own, Me	d.			
30. BURIAL, CREMATIC		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCAT	ION (City or Tow	n) (County	(St	lote)
REMOVAL (Specify	7/5/67	Lutheran C		Middl	etown,	Md.		
24. FUNERAL DIRECTO		ADDRESS	2So. REC	PRY REGISTRAR	100 25b. REG	Md. ISTRAR'S SIGNATU Clarles	RE	
Gladhil	1 Company, M	laaletown	DATE	0 4 0	1001 %	Charles	freedy	A

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after decrease. Page 4 may be retained by the hospital or attending physician.

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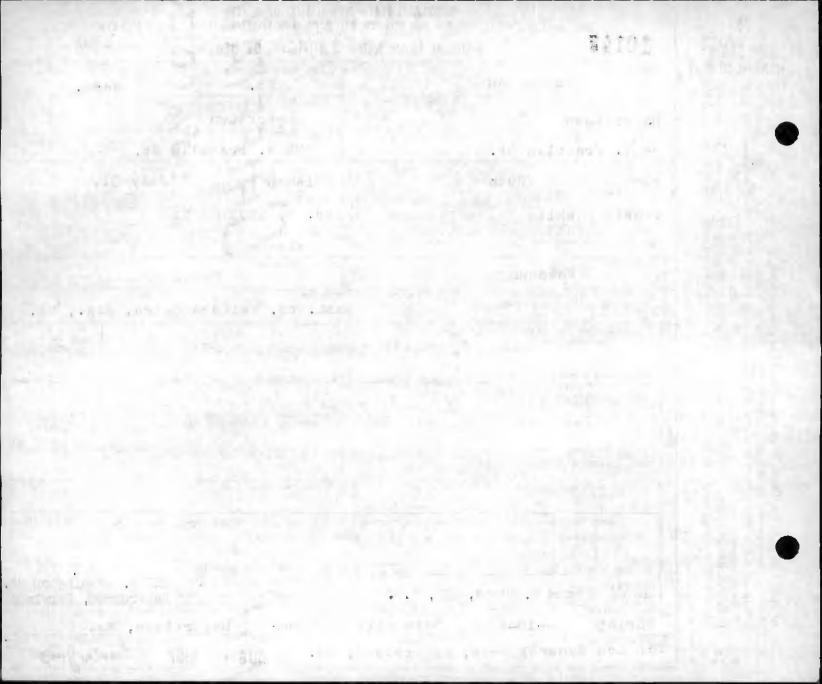
1		Division 10127	on of STATISTICAL	RESEAR	CH AND RECOF	DS 30	PARTMENT OF H	EET, BALTIN	MORE, MARY	AND 21201		
FOR STATE HEALTH DERTY		PLACE OF DEATH D. COUNTY Wa	shington	WEDIC	AL EXAMIN	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Md. Wash.						
f any delay is 1, 2, and 3 to m PM3. Page Deportment of its offer dead]	a. CITY OR TOWN (If outsid write RURAL and give n Hagerstown	earest town)		LENGTH OF STAY I	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
Se los		NAME OF HOSPITAL OR II	klin St.				klin St		e, IS RESIDENCE ON A FARM? YES NO			
d within 24 hours ofter dea in pencil in Item 18. Give Po Examiner's Office alang with File pages lond 2 with the Si and in any event within 72		NAME OF DECEASED Type or print)	Ruth OR OR RACE 7. N	LANGED F	Middle		Bi shop B DATE OF BIRTH	4. DATE OF DEATH		ih 1y 31, Tip under 1 year	oy Year 19 67 R 1 IF UNDER 24 HRS.	
	7	1, 00	hite w	ARRIED DOWED DOWED	NEVER MARRIES DIVORCES OF BUSINESS OR		Apr. 7, 1		AGE (In years lost birthday) 2 yrs.	Months Doy	Hours Min.	
	duri	ng most af working lite, ever	n if retired)	INDU		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME						
	15.	WAS DECEASED EVER IN U.S.	nknown ARMED FORCES?	16. 500	TAL SECURITY NO.	NFORMANT	Ur	iknown Addr	955			
e executed pending" in of Medical E sit permit. F	(Ye	s, no, or unknown) (If yes g	nter only one couse per	line for (n)	, (b), ond (c).)	-	ash. Co. 1				NIERVAL BETWEEN	
should be e ne word "per o the Chief I buriol-fronsit motion, or re		2665	MMEDIATE CAUSE (o) DUE TO	5	roncho	- fera	tanding y	2. 5	e con da	2	ONSEL AND DEATH	
ertificote should writing the word warded to the C sed os o buriol-tr uriol, cremotion,		Conditions, if any, which rise to immediate cause stating the underlying class.	(o), (DUE TO	H	alrute	7 3	Hand my Y	170	found		2-12 19 ws	
0 5 5 6	ATION	PART II. OTHER SIGNIFICAL	NT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		9. WAS AUTOPSY PERFORMED? YES NO	
AMINER: Thi the certificot the certificot the should be our files. ge 3 should be ogent, prior tr	L CERTIFICATION	2Do. EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBUT CAUSE OF DEATH.		20b. DESCR	IBE HOW INJURY O	CCURRED. (Enter noture of injury in	Part I or Part	II of item 18.)			
	MEDICAL	2Dc. TIME OF INJURY Mo Hour o.m. p.m.	19	While at work		focto	CE OF INJURY (Home, form pry, street, office bldg., etc.)	(City or town)	(County)	(\$1018)	
- e - c - t		21. I certify that death resulted from			Accident			, Un	n 🔀 , Inqu determined m	1 600	nd in my opinio	
		ACTUAL SIGNATURE CLA	sull	18	Mar	11	M.D. ASSISTANT MED DEPUTY MEDICAL	DICAL EXAMINE		W. Wash	ington S	
TO DEPUTY necessory, the funerol 5 may be TO FUNERAL Health or i	230	BURIAL (REMATION, PENOVAL (Specify)	23b. DATE THEREOF		23c, NAME OF CEM		Address (Stree	t, city, town, c	ATION (City or To	erstown, wn) (Cour	Marylan	
Oul		Duriai	8-10-67		wose Hi	11	Cemetery	Hag	erstow	m, Md.		

VR A15ME (5)

Minnich Funeral Home, Hagerstown, Md.

Rose Hill Cemetery

250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE

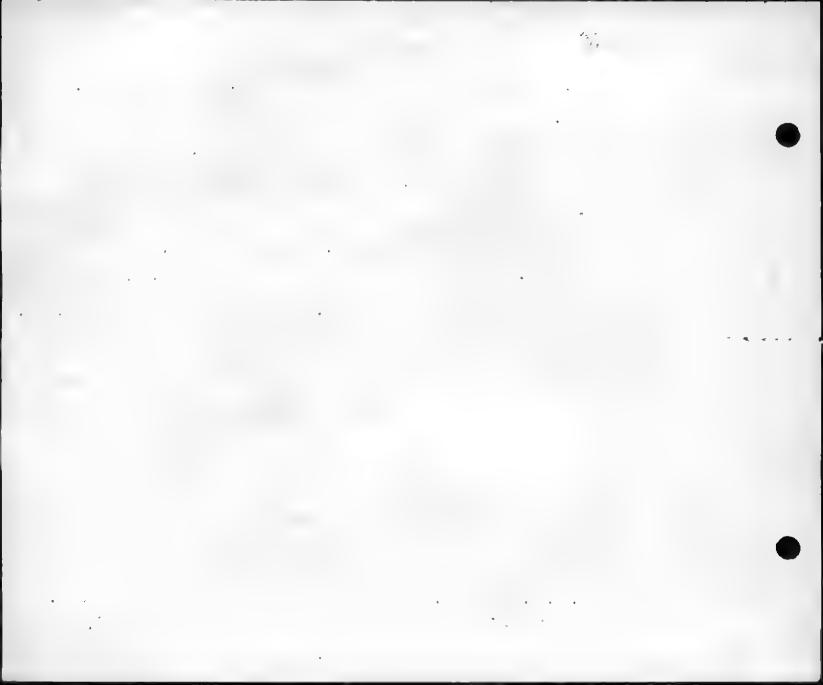


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 향 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY a STATE 5 COLINTY Washington Md . Page Wash. 0 MARYLAND delay Department b (ITY OR TOWN (Lautside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) and Write RURAL and give nearest town)
Hager Stown Hagerstown D d NAME OF HOSPITA. OR INSTITUTION (if not in haspital give street address) d STREET ADDRESS S RES DENCE ON A FARM? form hours Washington County Hospital 237 East Ave. YES NO [8 Give Pages ate NAME OF First Midd e Lost DATE Manth Year DECEASED Calvin OF a John Bowers July. 21, 10 67 (Type or print) DEATH alang with S SEX 8. DATE OF BIRTH IF JADER 1 YEAR LIF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** AGE (In years last birthday) 6-30-1924 Haurs male white WIDOWED DIVORCED Office. eveat Item 1 CN 10a. USUAL OCCUPATION (G ve kind of work dane Ob. KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 0 electrical quising the state of working rie evan't refued) **COUNTRY?** contr. Hagerstown. Md. Q III Examiner's 13 FATHER'S NAME MOTHER S MAIDEN NAME be executed within \sqsubseteq David R. Bowers Sarah J. Barton 프 рир 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Address panding" ir (Yes, no. or up town) (If yes granter artors of service) 216-14-6173 remayal, Mrs. Ramona Bowers, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY. ģ IMMED ATE (AUSE (a) Coronary Occlusion 동 ward This certificate should crematian, DHE TO the Cand hans, if any, which gave (b) Arteriosclerotic Heart Disease Several Years the rise to immediate cause (a), DUE TO stating the underlying cause 0 farwarded last. 95 burial, nsed PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY FECATION PERFORMED? NO X the certificate, þe 0 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW NIURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) priar 3 should PRIMARY I or CONTRIBUTING I shauld EXAMINER: CAUSE OF DEATH agent, 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Rour a.m. While Not White DIRECTOR: Page Page at wark at work ease execute designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection (c) Inquiry and in my apinion death resulted fram: Natural causes 30 Suicide Accident Hamicide Undetermined manner d'rectar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE **7–**22–67 funeral DEPUTY ы DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE) Address (Street, city, town, or county) Hagerstown. NAME (Type) Ditto. the 23o. BURIAL, CREMAT ON. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 7-24-67 Rose Hill Cemetery Hagerstown. Md. 1967 PEGISTRARS SIGNATURE 24 FUNERAL DIRECTOR

Minnich Funera Home, Hagerstown, Md.

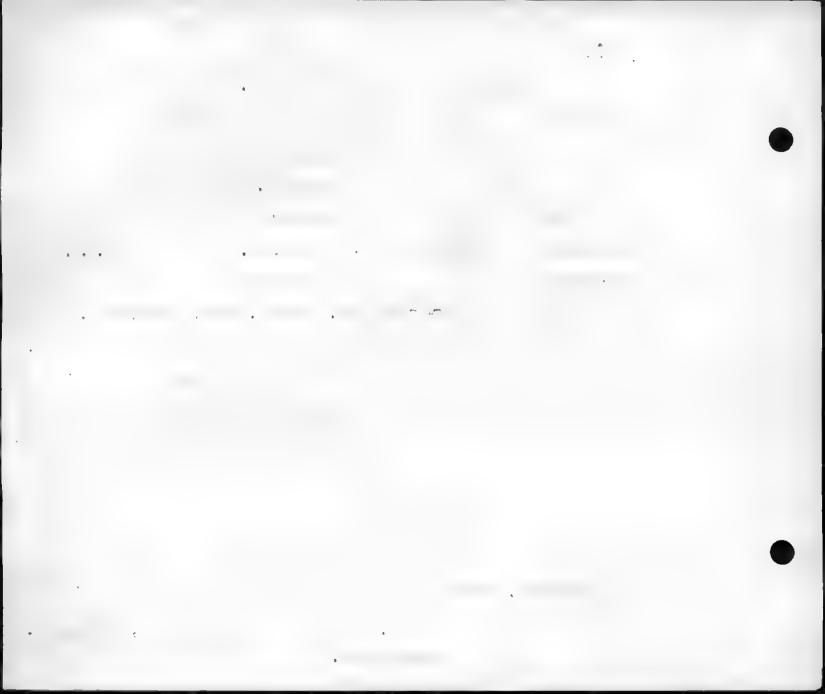
VR ATSME (S)H

6M 1/66



1014	9		CERTIFICATE	OF	DEATH				156	
1 - PLACE OF DEATH				2 US	JAL RESIDENCE (Where deceased	lived, if institu	tian Resident	e before odm	issian)
a. COUNTY		ingtor	THE TENTE	0.	Mc Mc	l	b. (Ol	INTY Wa	shing	ton
b CITY OR TOWN (I write RURAL and	f outs de corporate limits, l give negrest tawn) It ield		LENGTH OF STAY IN 15	c CIT	OR TOWN (If as			JRAL and give	nearest taw	1)
			31 Years			Highf	ield		- 1 1	CEIDENICE.
d NAME OF HOSP I.	AL OR INSTITUTION (If not in	haspital, give	street address)	0.211	EET ADDRESS				ON	A FARM?
3. NAME OF			16 14	1		I . BAYE		-	YES [
DECEASED	First	_	Middle	Then	Last	4 DATE OF	Moi		Doy	Year
(Type or print) S SEX	Upto		Lee		own Sr.	DEATH	AGE (In years	ULV IFUNDER 1		19 67 IDER 24 HRS
Male		MARRIED T	NEVER MARRIED DIVORCED		18/1911	'	last birthdoy)	Months	Days Hou	
	(Give kind of work done	- 1-	OF BUSINESS OR		RTHPLACE (County	P State or fare	56 YES.	12 (]	ZEN OF WHA	T
during most of working	lite, even if retired)	Land	is Tool Co.				gir (doriny)	(0)	UNTRY?	
Machine U	peracor	Detro	15 1001 00.		antz, Mo			U.	S.A.	
Ivan F	lrown			"	Alta Ro					
IS WAS DECEASED EVE	D IN HIS ADMED EDDOES	T 16 500	A. SECURITY NO T 17	INFORM.		yer	Add	ress		
(Yes, no. or unknown)	(f yes give war or dates of sei	^(VK8) 213	-16-1936 Mm	R . 17	sther N.	Brown	Hi ahi	Held N	A D	w 11
	ATH (Enter only one cause p	_			/	22 0412	9	<u> </u>	INTERVAL	
	TH WAS CAUSED BY:	Cor	em as L. C	-	Con to				ONSET AN	D DEATH
	IMMEDIATE CAUSE (a) DUE TO		1	1	1	/	1		,	1
Canditions, if ony,		Cross	Wardely 1	10	e carlo	1/ /5	ul a	10	3 4	n Elle
rise to immediat			7							
lost	(c)									
PART II OTHER SI	GNIFICANT CONDITIONS CONTI	RIBUTING TO	DEATH BUT NOT RELATED TO	THE TERM	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		PERFO	TOPSY DRMED?
ZDa ACCIDENT WAS	PARCEL VINIC C	ant proce	IBE HOW INJURY OCCURRED	(Enter p	Acres of theorem	Dart Las Dart	of stan (II)		YES _	NO 🚅
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ZDD. DESCH	IBE HOW INJURY OCCURRED	£111681 110	או קיטוחו יס פוטומ	ran i ar ran i	or trem to j			
20c TIME OF AL.	JRY Month, Day, Year				JJRY (Home, forn		(City or town)	(Cau	.nty)	(etot2)
Hour ar	10	While of work	Not While toc	ory, sires	it, office bldg , etc.					
21 certif	fy that (I) (this hasping	l) attended	the deceased fram_	aj	, .	967.70	Nally		hat (l	
	ceased alive an	4/بالع	1, 19 6 7, and tha	deaf	accurred at	3.20M,	fram causes			ted abave
22a SIGNAFURE		1		ATT	ENDING	MED C	STAFF	22b DA	ITE SIGNED	
22c. PHYSICIAN'S	over 10	- lu	u les. M.		'S. ≝ d. ADDRE%	DIRECTOR L	PHYSL	129	1/40	461
NAME (Type)	Robert A. K	iefer			12 lue	Rid	100.	Alan		Re
230 BURIAL, CREMAT C			23c NAME OF CEMETERY OR	CREMAT)RY	23d LOC/	ATION (City or T	own)	(Caunty)	(State)
REMOVAL (Specify Burial		_ }						,	. ,,	Do
24 FUNERAL DIRECTO			St. And	-¢W_	2So REC		ynesbor	EGISTRIPS S	mklin GMAJURE()	LAR
Walter	There		Waynesboro Pa	l.	DATE	UL 25	1967	fina	Las Ju	0
TO GOLD G	7 / 1 0 0 0	7			1					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fundinector, page 3 should be detached for use as the burial-tronsit permit. Then please rangove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the contraction. Pome 4 may me retained by the hospital or attending shysician



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

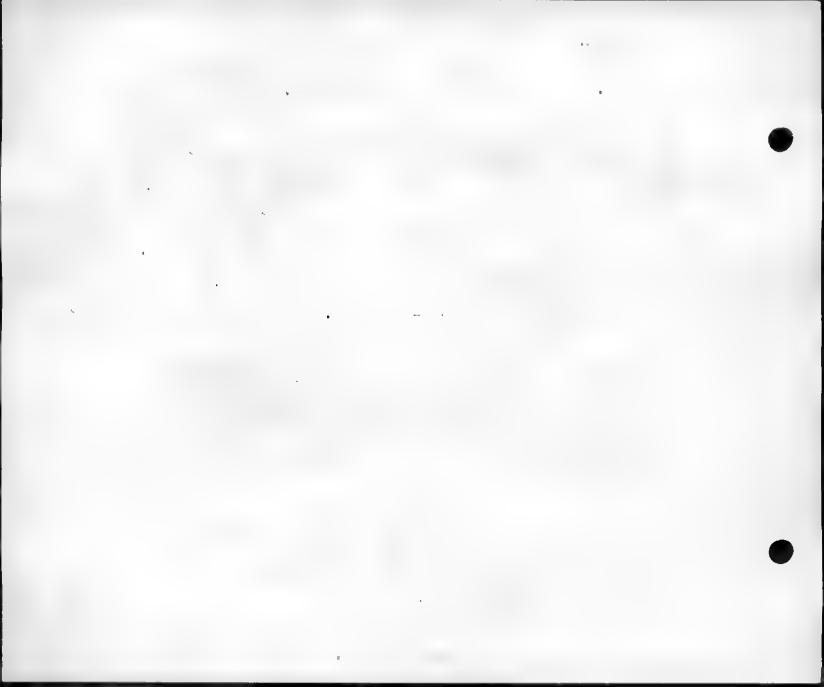
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CERTIFICATE OF DEATH

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Ī		PLACE OF DEATH o. COUNTY Wash.					2. USUAL RESIDENCE () a. STATE	Where decea	b. COUN	ΤΥ		sion)
-			M		MARY		Mashington c CITY OR TOWN (If gutside corporate imits, write RURA, and give neovest town)					
- 1	Ŗ	write RURAL and	If outside corporate limit I give nearest tawn)	s,	c LENGTH OF STAY IN	A 15	C CITY OR TOWN (It a.	utside corpore	ate mits, write RUR	AL and give neo	rest town)	
- 1		Hager	stown		2 days		Rura	1	Smithsb	urg		
ı	- (d NAME OF HOSPIT	AL OR INSTITUTION (If no	at in hospital,	give street address)		d STREET ADDRESS				e IS RESIDENCE	
		Wash	ington Cour	nty Hos	spital			Rural		ON A FARM?		
		NAME OF	Fi	rst	Middle		Lost	4. DATE	Manth	D	lay Y	/eor
- 1		DECEASED (Type or print)	John		Henry		Brunner	OF DEATH	Jul	y 24	19	67
- 1	5 3	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	RRIED 8. DATE OF BIRTH 9 AGE (In years				IF UNDER 1 YEA		ER 24 HRS
		Male	White	WIDOWFD		88 yrs	Months Day		Min.			
M			(G ve kind af wark dane		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fo	areign country)	12 CITIZEN COUNTR		
\mathcal{A}	auri	ing most of working	armer	"	NDUSTRY		Pleasant	Valle	ey Wash.	COUNTR	1 '	
- 1	13	FATHER S NAME					14 MOTHER'S MAIDEN		2) 1100110			
4		Th	omas S Brur	mer			Nancy	Swor	De De			
ı	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17 1	NFORMANT		Addres	S		
- 1	(16	no, or unknown)	(If yes give war or dotes	121	5-42-3964	Mr	s. Pearline	Level	s Smitheh	iro RED	54	
ŀ	1	8 CALISE DE DI	EATH (Enter only one cou					201121	3 0.1.2. 011.0.0		NTERVAL B	ETWEEN
- 1		PART I DEA	TH WAS CAUSED BY	1/1	28/11/14				*	2	DINSEL AND	DEATH
- 1			IMMEDIATE CAUSE	(0)	1019(1)		11. 1.	100	2	-	//	/
- 1		Conditions, if any	DUE	(//	11/19/11/01	ク	(19D11701)	ロノリヤ	1612		17100	320
- 1		rise to immediat	e rouse (n)	(b)	11	<u></u>		1	00,0.	/	1/80	الله الله
		stoting the unde		1	1/10 am	1,10	1 note	2011	8/9203	/1	/	
-1		last	,	(1) 12 1	2001 1-1-1	14 7	en aria	010	1.4611	/		
	2	PART IF OTHER ST	GNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NOT RELA	MED TO 1	THE TERMINAL D SEASE CO	NDITION GIV	EN IN PART 1(0)		9 WAS AL PERFOR	TOPSY MED?
	CERTIFICATION				4						YES 📑	NO V
- 1		20g ACCIDENT WAS		20b D	ESCRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Part I ar Pa	rt II of item 18)			1
- 1	8		CAUSE OF DEATH MEDICAL EXAMINER)									
- [MEDICAL		JRY Manth, Day, Year	204	NURY OCCURRED	20a PLA	CE OF INJURY (Hame, farn	n. 20 [#]	(City or town)	(County)		(State)
- 1	ᅙ	Haur a.r	n.	While			ary, street, office bldg , etc.		(4) 4)	(000 ()		(0.014)
- 1	-	p.r		at wer		. ,	1 17	-	1.7.00	/ / / /		
- 1				pital) atten	ded the deceased		,	3 17	1040/01 x y			(we) last
			eceased alive an_	1-17	19.65.0	ind that	death occurred of	1 CICKLAN	W. from Causes o			ed abave
- 1		22a. SIGNATURE	A4 1	11	(ATTENDING	MED.	STAFF	22b. DATE SI	GNED	-,
- 1		14	MININ	MRI		M C	PHYS L	DIRECTOR	L PHYS L	16/	161	
.		22c PHYSICIANS	7 1)/	100	diarhai	1	22d ADDRESS	1 1/1	401100	XX no 0	11/200	1.1
74		NAME (Type)	E1/1k	KAI	100991111	_	1 20% (4	· 1861	NETTIC	110901	IUN	P11
	23a	BURIAL, CREMATIC	DN, 23b DATE TH	ERFOF	239 NAME OF CEME	TERY OR	CREMATORY	23d L0	OCATION (City/or Tow	rn) / (Cau	nty)	(State)
		REMOVAL (Specify Burial	July 2	6 1967	Pleasant	Val1	lev	9	mithsburg	. Was	eh i	Md
1	24.	. FUNERAL DIRECTO	V	- 1/4/	ADDRESS	V Challes	2Sa REC			STRARS SIGNA		
1		Minn	ch Funeral	Home	Smithsburg	Md	DATE	ULZE	1987	Charle	Jus	yen
J 6							- VAIL				- //2 /	7.5

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firmeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages than 2 hauf 2 hauf 2 hauf 2 hauf 4 should be filed with the State Dept of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO MOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ellecuted within 24 llours giver death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10151 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Poge Washington Maryland Washington MARY, AND CLENGTH OF STAY IN 16 CITY OR TOWN (It outside corporate mits, c CTY OR TOWN (If autside corporate imits, write RURAL and give nearest town) write RURAL and give negrest town) P.M3 27 ura Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hours ON A FARM? w th form Washington County Hospital 223 S. Locust St. YES NO R State Give Pages 3. NAME OF DATE DECEASED Keller the Earl Buhrman 19 67 DEATH (Type or print) alang With 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE AGE (n veors F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthdoy) Nov. 2, 1901 Male W DOWED Off ce vegt 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT LSA COUNTRY? during most of working life, even if ret red)

Car Ynspector Railroad Foxville, Md. ΔUΔ Chief Medical Examiner's 13 FATHER'S NAME Henry G. Buhrman Mary Reynolds Addres Hagerstown, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (1 yes give wor or dates of service) Mrs. Edith Buhrman 223 S. Locust St. 214-14-6683 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 3-4 hours PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Aspiration of vomitus burial, crema†ian, (b) multiple facial fracturs Conditions, if any, which gove nse to immediate couse (a), 0 DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO D. 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port L or Port L of Item 18.) PRIMARY M or CONTRIBUTING Auto accident CAUSE OF DEATH 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) 20c TIME OF INJURY Month, Doy Year Not While of work Highway 7/29 19 67 Hagerstown Wash. Md. designated 21. I certify that I took charge of the remains described above, held an Autapsy and in my opinion Suicide , the funeral directar Notural causes , Accident X, death resulted from: Homicide Undetermined manner 8/4/67 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 580 Northern Ave. 5 may be 70 FUNERAL Health or NAME (Type) Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown. Maryla

VR A15ME (5)

230 BURIAL CREMATION REMOVAL (Specify)

eath

This certificate shauld

Rest Haven Juneral Chapel

23c NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

DATE

23d LOCATION (City or Town)

Smithsburg - Washington - Md.

1967 REGISTRAR'S SIGNATURE

1967 REGISTRAR'S SIGNATURE

1967 Licensles Judge

Charge sly on a deal , and i

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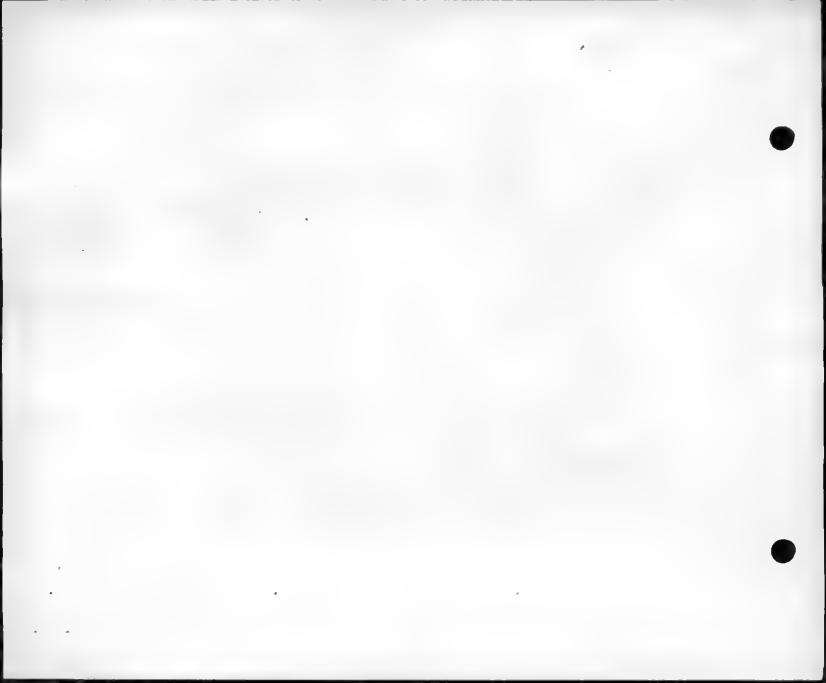
CERTIFICATE OF DEATH

1	talk of our co								ु ग	40	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where dece			e before o	dmission)
	o. COUNTY W.	ASHINGTON _		MAI	RYLAND	o. STATE MARY	LAND	b (0	WASI	HINGTO	ON
Г	b CTY OR TOWN (If outside corporate I mit	\$,	C LENGTH OF STAY	IN 1b	c CITY OR TOWN (if a)	rtside corpo	rate amits, write F	URAL ond give	neorest to	/wn)
	RURAL	HAGERSTOW!	N.	3 MONTE	HS '	HAGE	RSTO	WN			3
Г	d NAME OF HOSPIT	AL OR INSTITUT ON (IF no	ot in hospito	, give street address)		d STREET ADDRESS					S RESIDENCE ON A FARM?
	CLEARV.	LEW NURSING	HOME			38 1	NORTH	AVENUE		YES	Company States
3	NAME OF DECEASED		rst	Middle		Lost	4 DATE		nth	Doy	Year
	(Type or pant)	PELI	A	STRATOS		CALLAS	DEAT		ULY	31,	19 67
S	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	FD 🔲 E	B DATE OF B RTH		9 AGE (n years	F UNDER 1		UNDER 24 HRS
-	EMALE	WHITE	WIDOWE	(A.A.)	ED 🔲	DEC. 24, 19		last birthdoy)			
10c	LSUAL OCCUPATION	i (Give kind of work done life, even if retired)		KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County			12 (7	IZEN OF WE UNTRY?	HAT
-	ing mast of working HOMEMA	KER		OWN HOME	3	BEZANI,		CE		U.S.	A
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I					
_		Y STRATOS				PANSJIOI	'A GR.				
(Y	es, no or unknown)	R IN L S ARMED FORCES? (If yes give wor or dotes	f service)	S SOCIAL SECURITY NO		NFORMANT			FOUNT!		
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	Conditions, if any	which move >		D. 4		1 1/2	.			17	7 . 71 .
	rise to immediat	e couse (o), (ALSELLEN	610.	r Nacc.	DI	16616			4.41
	stating the unde	rlying couse	(c) A			crosis - 9			wh.		
ATION	PART I OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	S TO DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CON	ND+T ON G	VEN IN PART I(6)		19 WA PER YES [AS AUTOPSY REORMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b	DESCRIBE HOW INJURY (OCCURRED (Enter nature of injury in	Part Lor Pi	ort I of item 1B)			
MEDICAL	20c, TIME OF INJI Hour as	1.0	Wh	INJURY OCCURRED le Not While of work	2De PLAC focto	E OF INJURY (Home, form ory, street, office bldg., etc.)	n, 20f	(City or town)	(Cou	.nty)	(State)
	21. I certi	fy that (I) XXXXXX	olivák) atte	nded the deceased	fram J	death accurred at,	9520	to July 3	1_, 196	7, that	(I) (We) las
	saw the di	eceased alive an_	0/13/	1967.	and that	death accurred at,	12-45	M, fram cause	s and an th	ie date s	tated above
	220 SHONAT URE	1	110	11-	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	AUGI	TST 1	. 1967
	22c PHYS CIAN NAME (Type	LLOYD A.	HOFFM	AN M.D.		22d. ADDRESS 214 N. PC	OTOMA	C ST. HA			
238	BLRIAL, CREMATIC			23c NAME OF CEN	AETERY OR O			LOCATION (City or		(County)	(State)
	REMOVAL (Specify BURTAT.					CEMETERY		GERSTOWN		,	' '
24	FUNERAL DIRECTO		V/	ADDRESS	المؤيدة المؤق		BY REG S	TRAR 25b	REGISTRARS S	GNATURE	IVIL)
	CHARLES	M. ROUZER,	HAG	ERSTOWN, M	ARYLAI	ND. DATE AU	G 7	1967	Achan	Say you	wales

doeth

ID HOSPITAL OR ATTENDING HYSICIAM: The low requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please appropriate popers. Pages 1,500 should be filed with the State Dept at Heo th prior to burial, cremation, or removal, and in all event, within 72 hours after deep Page 4 may be retained by the himspital or attending physician VR A15 (4) 25M 1/67

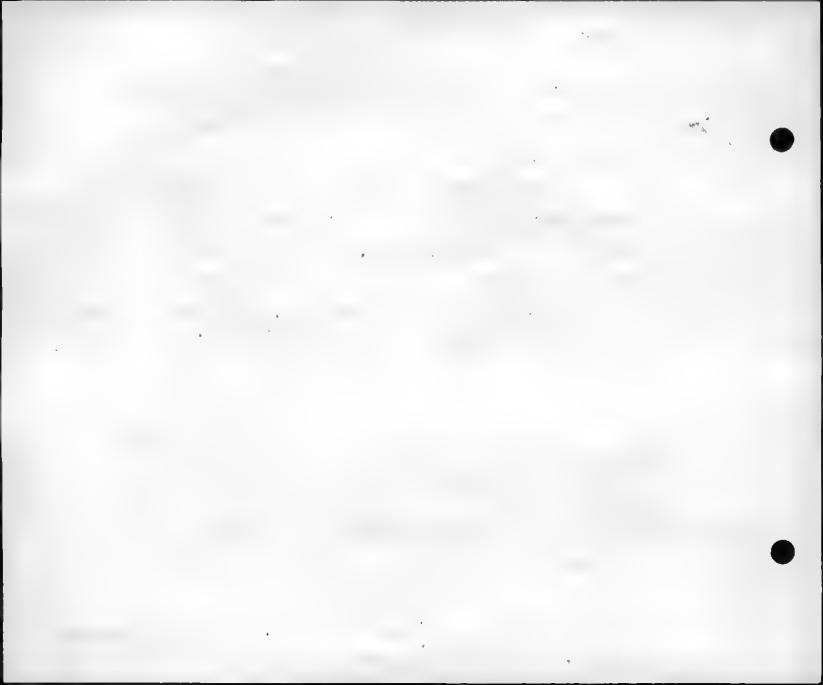
4



10152

TOTOO	CERTIFICATE	OF DEATH	10164
PLACE OF DEATH O COLNY Wa shington	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution of STATE b. CO. Maryland Washi	tut an Residence before admission) DUNTY TIE GOSS
b CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) Hagers town	c LENGTH OF STAY IN 16	COTY OR TOWN (If outside carparate limits, write If Hagerstown	RURAL and give nearest town)
d, NAME OF HOSPITAL OR INSTITUTION (If not an haspital Moller Apts	, give street address)	d STREET ADDRESS Moller Apts	e IS RESIDENCE ON A FARM? YES NORTH
3 NAME OF First DECEASED (Type or point) ANNA ETT	Middle CHATK		1 1967 19
S SEX 6 COLOR OR RACE 7 MARRIES Female white WIDOWE	NEVER MARR ED 5	3 DATE OF BIRTH 9 AGE (In years lost birthday) ot 1 1893 73 yrs.	Months Days Haurs Min
during most of working life, even if retired)	KIND OF BUSINESS OR NOUSTRY EKING Phar.	BIRTHPLACE (County & State or foreign country) Pittsburg Penna MOTHER'S MAIDEN NAME	12 CTIZEN OF WHAT COUNTRY? USA
Charles Chatkin 15 WAS DECEASED EVER NUS ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates of service)		Stella Pear NFORMANT Ad bert H. Chatkin Moll	dress
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	Therap Cleros	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	years 19 WAS ALTOPSY
200 ACCIDENT WAS UNDERLY NG CONTRIBUTING CLOSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINE)		(Enter nature of injury in Part I ar Part II of item 18.)	PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d Whi	ile Not While facts	E Of IN, LRY (Hame, farm, any, street, affice bldg., etc.) May 1967, ta	(County) (State)
sow the deceased alive an	19 67 and that	deoth occurred at MED M, from cause ATTENDING MED DIRECTOR PHYS.	
22c PHYSCIAN NAME (Type) 23d BLRIAL, CREMATION, REMOVAL (Specify) BUTIAL 7/3/67	23c NAME OF CEMETERY OF B Nai Abra	ham Cem. Half Way	Wash Co Nd
24. FUNERAL DIRECTOR Hagerstown Andrew K. Coffman Fu	n Md. ADDRESS uneral Home I	1111 E 10E/	REGISTRAR'S SIGNATURE

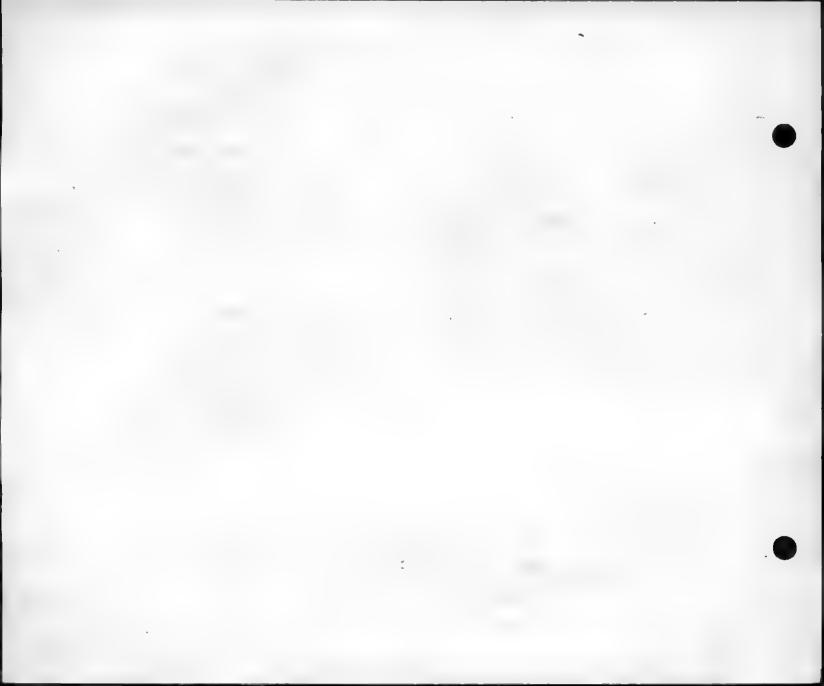
1 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be fled with the State Dept. of Health prior to bur al, crematian, or removol, and in only event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



10154

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR-STATE		10194	MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	H	151
HEALAHCDEPT.		PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where deceose of STATE MARYLAND)	I COLUMN	ASHINGTON
death If any delay ve Pages 1, 2, and 3 y with farm PM3 R, the State Department		CTY OR TOWN (If outside corporate .m.ts, write & RAL and any nearest town) RURAL HA LERSTOWN	5 YEARS	C CITY OR TOWN († outs de corparat RURAL HAG		
es 1, 2 farm	· ·	NAME OF HOSPITAL OR INSTITUTION (IF not 3 WOODBINE LANE	t in hospital, give street address)	d STREET ADDRESS 3 WOODBINE	LANE	e IS RESIDENCE ON A FARM? YES NO
tem 18 G ve Pages Office along with far and 2 with the Sigite		VAME OF FIRST DECEASED Type or prof) EX 6 COLOR OR RACE	AM EDGAR	Lost 4 DATE OF OF DEATH 9	Month JULY AGE (In years IF UNDER	27, 19 67
haurs aftern 18 G Office alor and 2 write death	10a	MALE WHITE USUA, OCCUPATION (Give kind of work done	WIDOWED DIVORCED	MAY 12, 1907	last birthdoy) Months O yrs 12 0	Doys Hours Min
n n er s ges l	duri	ng most of morking te, even if retired) FATHER S NAME	MONOMENT WORKS	MANCHESTER, KEI	TUCKY .	CUNTS? A.
With per Exam Exam File 2 hau	15	GEORGE W. COMBS WAS DECEASED EVER IN U.S. ARMED FORCES? s no, or unknown) (If yes give war or dates of	, 16 SOCIAL SECURITY NO 17	MARGARET LY	TTLE 3 WOODBINE	t.ane
Id ae exacatron "pending" Chief Medica Chief Medica Chorsit permit	(Ye	YES W.W. II 18 CAUSE OF DEATH (Enter only one cous PART 1 DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (12 2) DUE	216-07-1727 MR; se per line for (o), (b), ond (c).) (o) Congestive fail:		, HA ERSTOWN	INTERVAL BETWEEN ONSET AND DEATH WEEK
ficate that the ded to as a a and in		stoting the underlying couse lost	(c)			years
This certificate, write forward be used remaya, remaya	CERTIFICATION		ONTRIBUTING TO DEATH BUT NOT RELATED TO			19 WAS AUTOPSY PERFORMED? YES NO
	AL CERTIFI	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED			
EXAMINER ute the cai uge 4 shau your files. Page 3 sho crematian,	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19	While Not While of work	ory, street, office bldg , etc)		ounty) (Stote)
AL I Per			of the remains described obove, he couses X, Accident , Suic		idetermined manner [
DEPUTY MEUT. eressary, please a funeral d recta may be retained FUNERAL DIRECT ealth priar to bus		ACTUAL SIGNATURE EXAMINER'S	fure-le	M D ASSISTANT MEDICAL EXAMINED	R	22. DATE SIGNED THERN A E.
To DEPUTY necessary, the funeral S may be TO FUNERAL Health pria	23a	B.RIAI (REMATION, REMOVAL Specify) CREMATION 8/1/6	WEEKS, M.D. REOF 23c NAME OF CEMETERY OR CEDAR HILL		TATION CITY TON. D.C.	Ounty) MALEYLAND
VR A15ME (5)	24	FUNERAL D RECTOR	ADDRESS HA JERSTOWN MARYLA	250 RECD BY REG STR	1967 St gillar	Cas Judge



FOR STATE HEALTH DEPT.

at y delay is

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necessary please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1972, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page

This certificate whould be executed within 24 hours after dwoth If

AL ETAMINER:

5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages lighted with State Department

Health prior to burial, cremation, or removal, and in any event within 72 hours often death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10150

L							anha 1	011
	1 F	PLACE OF DEATH			4	(Where deceased lived finst-		
- 1	C	Washingt	on	MARYJAND	o STATE Ma:	ryland b ((Wa:	shington
-		CITY OR TOWN (If autside corpo		C LENGTH OF STAY IN 16	CCITY OR TOWN HE	outside corparate limits, write	R.JRAL and give	e negrest (gwn)
		RURAL and grve negrest			11	Weverton		, , , , , , , , , , , , , , , , , , , ,
-				1 1 1 1 1 1 1 1 1		110 4 0 2 110 11		e IS RESIDENCE
	-{	NAME OF HOSPITAL OR INSTITUT	IUN (t nat in nosp to ,	g ve street address)	d STREET ADDRESS			ON A FARM?
								YES NO
		NAME OF	Frst	Midd e	Lost		anth	Day Year
		OECEASED (Type or print) Rober	t Tr	enton Come	r	OF DEATH	7	14 1967
	5 5		RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years		
М		M W	WIDOWED	OIVORCED T	5/12/30	last-birthday)		Doys Haurs Min
/ F	10a	USUAL OCCUPATION (Give kind of w	ork done Linh	K ND OF BUSINESS OR	II BIRTHPLACE (Stot			TIZEN OF WHAT
	quu	ng most of working life, even if retir Carman B&O	ed and I mand	INDUSTRY	Maryla			JNTRY?
- 5-		FATHER S NAME	nalliyau		14 MOTHER'S MAIDEN		u	*5 *17 *
	13							
			mer		Rachel H			
- 1	15	WAS DECEASED EVER NUS ARMED s, na, ar unk nown) (If yes give wor	FORCES? 16		INFORMANT		laress	
	110	s, na, a onknowny (in les give wor	7	18-249327 Mr	s.Mary Ca	therine Com	er, RF	D2 Knoxvil
ı		IB. CAUSE OF DEATH (Enter onl	y one couse per line fo	ar (a) (b), and (c))		=		INTERVALIBEDWIEN
		PART I OEATH WAS CAUSED	BY CORO	DNARY OCCLUSI	ON			ONSET AND DEATH
	4201 DIF TO							
		Conditions, if ony, which gave) (b) ARTERIOSCLEROTIC HEART DISEASE						SEVERAL
-1		rise to immediate cause (a), (DUE TO	Elli o O u melli o I i	0 1/2/11/1	7702702		DAYS
- [stating the underlying couse						RECENT
-1		last.	(c)					
	ᇎᅵ	PART II OTHER SIGNIFICANT CON	DITIONS CONTR BUTING	TO DEATH BUT NOT RELATED TO	THE TERM NAL D SEASE CO	ONDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?
	ZI							YES 🔀 NO 🔲
	CERTIFICATION	20g EXTERNAL CAUSE WAS	20ь (DESCRIBE HOW INJURY OCCURRED	(Enter noture of in ary in	Part I or Part II of item IB)		
		PRIMARY or CONTRIBUTING CAUSE OF DEATH						
	MED CAL	20c TIME OF NewRY Month, Do	v. Year 20d	NJJRY OCCURRED 20e PL	ACE OF INJURY (Home for	m, 20f (City ar fawn)	((0)	unty) (5 gte)
- 1	덽	Haur a m.	Whi		tary, street, affice bldg , etc	()		
ł		p.m.	01 010		11 4 5			
				emains described above, hi			agury [,	and in my apiniar
		death resulted fram	Natural causes	X, Accident , Sui	cide 🔲, Hamicid	e 🔲, Undetermined	manner	
		ACTUAL 1 C	2/1	94	CHIEF MEDICA	L EXAMINER		22. DATE SIGNED
		SIGNATURE // 2	are	Mo je		DICAL EXAMINER		ZZ. DATE SIGNED
	-1	EXAMINER'S				CAL EXAMINER		
		NAME (Type) DR. E.	.W.DITTO,		and the second s	et, cty town, or rounty)		7-14-67
	23 o	BURIAL CREMATION, 236	DATE THEREOF	Edge Hill C	CREMATORY	23d LOCATION (Lity or	Yavin, TRI	(County) (Stote)
-		INTERNATIONAL (/	T 1/01	Eagle util (emo par. A	Charlesto	wn W.	Va.
	2/	FUNERAL DIRECTOR)	. 51	ADORESS	N/G 2So REC	P.BY REGISTRAR 100270	REGISTERS	GNATURE Judge
	+	sete Fuella	& Home	Brunswick	DATE DATE	ANT TO 1991	1	0 0
- 1		Chan have proper						

VR A15ME (5) 6M 1/67

rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove action papers. Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within, 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
	10156 CERTIFICAT			E OF DEATH			
	1. PLACE OF DEAT a. COUNTY	Washington	MARYLAND	a STATE	CE (Where deceased lived, If insti Md. b. COUNT	tution: Residence before admission) Y Wash.	
1		NN (If outside corporate limits, and give nearest town) Hagerstown	c. LENGTH OF STAY IN 1b		outside corporate limits, writ	e RURAL and give nearest town)	
,	RFD 2	SPITAL OR INSTITUTION (if not in I	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	First Walter	Middle Hoge	Conrad	4. DATE Month OF DEATH J	Day Year uly 5, 1967	
-	s. sex male	6. COLOR OR RACE 7. MARRIED WIDOWED		B. DATE OF BIRTH 10-7-94		FUNDER 1 YEAR UF UNDER 24 HRS.	
	ioa. USUAL OCCUPA furing most of work I armei	TION (Cive kind of work done 10b. ling life, even if retired)	(IND OF BUSINESS OR WOUSTRY A.T.M.	Jiles Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAM	Edmund Conra	ıd	14. MOTHER'S MAIL	Nancy	Croy	
	15. WAS DECEASED (Yes, no, or unkown) NO	EVER IN U.S. ARMED FORCES? 16 (If yes give war or dates of service) 22	. SOCIAL SECURITYNO. 17. 0-18-0108 M	INFORMANT	Conrad, Hager		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which (b) Arteriosclerotic Cardio Vascular Disease Several Due to Underlying cause last. Columber 11. Other Significant Conditions Contributing to Death But Not related to the Terminal Disease Condition Given in Part 1(a) 19. YES					PERFORMED?		
	g 20c. TIME OF	INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f: ry, street, office bldg., e	arm, 20f. (City or town)	(County) (State)	
	Hour a.m. p.m. 19 while at work street, office bidg., etc.) 21. I certify that (i) (this hospital) attended the deceased from May 1, 1967, to July 5, 1967, that (i) (we) last saw the deceased alive on June 30, 1967, and that death occurred at 1:30 from the causes and on the date stated above 22a. SICNATUREL 22a. SICNATUREL 22b. DATE SICNED PHYS. PHYS. PHYS. 7-7-67 22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto, Jr. Hagerstown, Md.						
2	Burias	MATION, 23b, DATE THEREOF 7-8-67	23c. NAME OF CEMETERY Cedar Lawn	OR CREMATORY Mem. Park	23d. LOCATION (City, town Hagerstown	n, Md.	
A	Minnich Funeral Home, Hagerstown, Md. 25a. REG'D BY REGISTRAR'S SICNATURE 25b. REGISTRAR'S SICNATURE 25c. REG'D BY REGISTRAR'S SICNATURE 2						

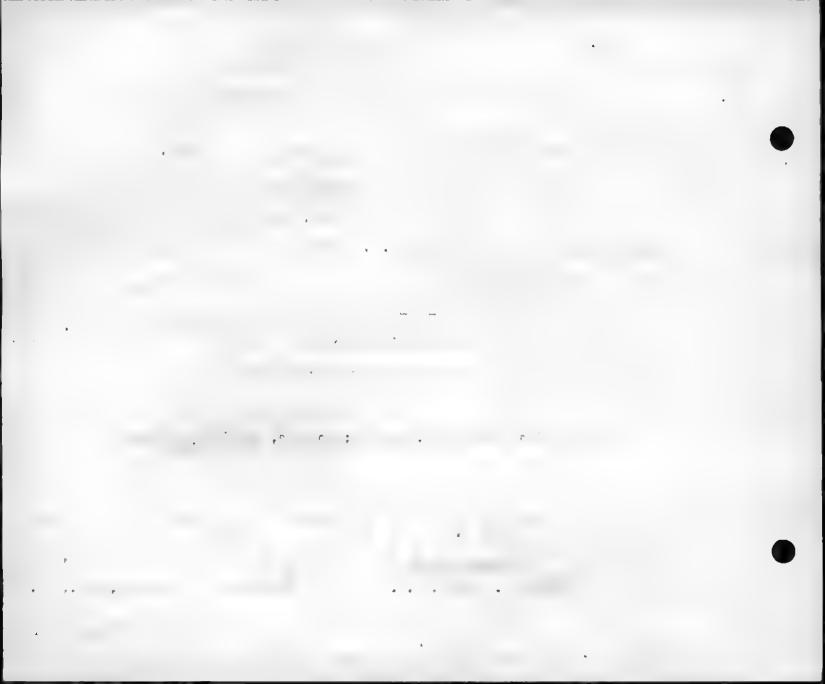


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		TOTO1	CERTIFICAT	E OF DEATH		
		PLACE OF DEATH a. COUNTY		o. STATE_	Where deceosed lived, if institution: Resider b. COUNTY	4
		Washington	MARYLAND C LENGTH OF STAY IN 16	Mary	land Washir	
		b CTY OR TOWN (If outside corporate i mits, write RURAL and give nearest tawn)	C LENGTH OF STAY IN 16		utside corporate imits, write RURAL and giv	e neorest town)
		Hageratown	an rear B	Hagers	town,	/_
		d NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		8 IS RESIDENCE ON A FARM?
,		Washington Count		636 Gui	lford Ave.	YES NO
		NAME OF First DECEASED	M:ddle	Lost	4. DATE Month	Day Year
		(Type or print) John	McClelland Cur	nninghan	DEATH July 6,1967	7 19
	5		7 MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (n years FUNDER	1 YEAR IF UNDER 24 HRS
		Male White	WIDOWED D VORCED	Dec. 22,18		Doys Hours Min
	100	. USJAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11 BiRTHPLACE (County		ITIZEN OF WHAT
	our.	og most of working life, even if retired)	Penna R.R.			ISA
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN		
		Samuel Cunningha	m	Eliz	abeth Lane	
	IS	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give war or dotes of si	formers	INFORMANT	Address	
		Vo	701-09-9361	Ars Hazel	Cunningham	
		18. CAUSE OF DEATH (Enter only one couse	per fine for (o), (b), ond (c) 636	Guilford	Ave H agerstown	NA PVAL BETWEEN
		PART 1 DEATH WAS CAUSED BY 1 1 MMEDIATE CAUSE (0)	Coronary insuffi	iciency		ONSI 2 D Hours
		7 -4 U / DUE 10				
		Conditions, if ony, which gove) (b)	AAbree ConsulAA	heart disea	se	unknown
		rise to immediate couse (a), (Dur To	· · · · · · · · · · · · · · · · · · ·			
		stoting the underlying couse (c)				
3	.,.	PART II OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION G VEN IN PART 1(0)	19 WAS AUTOPSY
-3	CERTIFICATION	Gastro-intestinal h	nemorrhage, repeated;	Azotemia, m	ultiple pulmonary	PERFORMED?
	TIFIC	200 ACCIDENT WAS JNDERLY NG	20b DESCRIBE HOW INJURY OCCURRED	. (Enter noture of shipry in	Port I of Port II of Item 1B)	
	89	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c TIME OF INJURY Month, Doy, Year		ACE OF INJRY (Home, form		ounty) (Stote)
	ME	Hour 'o.m. 19	While Not While of work	ctory, street, office bldg., etc.)	
		21. I certify that (I) \$1000000	Contended the deceased fram	June 19	19.67 6 July 6 , 1¢	2 , that (i) ₹₩6) ios
			11 6, 19 67, and the	at death accurred at	11:04M, from causes and on t	he date stated above
		22.9 SIGNATURE		ATTENDING (MED. STAFF 226 D	ATESIGNED 1967
		1 /ay	ma In g. M	LD PHYS LEE	DIRECTOR PHYS	Ly 0, 1,07
		NAME (Type) Will tam T.	Layman, M.D.	22d ADDRESS	ssional Arts Bldg,	Har Md
h						Make 9 Mae
	230	BURIAL, CREMATION, 236 DATE THERE REMOVAL (Specify)			23d LOCATION (City or Town)	(County) (Store)
}		Burial 7/10/6	37 Rose Hill C		Hagerstown Was	
3	4	FUNERAL DIRECTOR Hagers	stown Md ADDRESS		D BY REG STRAR 2Sb REGISTRAR'S	S GNATURE
	A.	ndrew K. Coffman	Funeral Home In	C DATE JU	FIG MEN	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the thness director, page 3 should be detached for use as the burial-transit permit. Then please remarked by pagers. Pages hand should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dean TO HOSMITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Poge 4 may be retained by tille haspital or attending physician. VR A15 (4) 1 10 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10158

FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased used if in titution Relifer e before admission) PLACE OF DEATH b COUNTY WASHINGTON o COUNTY MARYLAND WASHINGTON e Deportment of MARYLAND b CITY OR TOWN (If a) tside corporate Limits, CLENGTH OF STAY IN ID c CITY OR TOWN (I outside corporate im to write RURAL and give nearest town) HALE STOWN (RURAL) HALFWAY 6 YEARS d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) should Be farwarded to the Chief Medical Examiner's Office along with form 2011 VIRGINIA AJENUE D.O.A. WASHINGTON COUNTY HOSPITAL Give Pages 3 NAME OF Middle 4 DATE Last Month DECEASED MARTIN JULY LER OY CUPERNALL (Type or pnnt) DEATH 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years S SEX 7 MARR ED NEVER MARRIED last birthdoy) MALE WHITE DIVORCED SEPT. 7. 1947 72 higurs ofter d∎oth W DOWED 11 BIRTRPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY *** during most of working life every (selired) AUJENSBURG, NEW YORK burial transit germit. File gages 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME CUPERNALL KATHERINE LOVELAND LEROY HTRAM 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 2011" VIRGINIA AVE. (Yes, no prunknown) (If yes give war or dotes of service event within 220-42-5831 MR. LEROY H. CUPERNALL. HALFWAY. MAKYLAND. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Fractured skull IMMEDIATE CAUSE (o) the word DUE TO Olly 6 Conditions, if only, which gove rise to immediate couse (a). DUE TO 0 stating the underlying couse msed PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/2 cremation, ar removal, 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of tem 18; 3 shau Auto collision-car hit utility pole CAUSE OF DEATH 20f - (ity or fown) 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form factory, street, office bidg, etc.) may be retained for your FUNIRAL MIRICTOR: Page 12:30 mx of work of work Street Hagerstown, Wash., Md. Posm Inspection K 21 I certify that I taak charge of the remains described above, held an Autopsy ... Inguiry death resulted fram Natura, causes , Accident X, Suicide , Hamicide Undetermined manner funtition director CHIEF MEDICAL EXAMINER ACTIIAL ASSISTANT MEDICAL EXAM NER Health prior SIGNATURE 580 NORTHERN AVE. DEPUTY MEDICAL EXAMINER TY **EXAMINER'S** HOWARD N. WEEKS. M.D. Address (Street Lity town or Jointy, HAJERSTOWN. MD. NAME Type) ng L 23¢ NAME OF CEMETERY OR CREMATORY 30 BUR A. REMATION 0 ROSE HILL CEMETERY HAJERSTOWN WASH CO. MD. 24 FUNERAL DIREC OR ADDRESS 250 RECD BY REL TRAR

HAGERSTOWN MARYLAND

VR A15ME (5)

CHARLES M. ROUZER.

1 LSb REG., KARS GNATURE scharles

e IS RESIDENCE ON A FARM?

19 67

IF ... NDFR 24 HRS

INTERVAL BETWEEN Sudden

19 WAS AUTOPS)

PERFORMED'

and in my opinian

22 DATE SIGNED

7/25/67

NO 🔀

IF UNDER 1 YE

12 CITIZEN OF WHAT

U.S.A.

Months

NO X X



CERTIFICATE OF DEATH

MARYLAN	D 217	ATE DEPA	RIMENT	OF HEALTH			
TAL RECORDS,	301 V	N. PRESTO	N.STREET,	BALTIMORE,	MARYLAND	21201	

10159 PLACE OF DEATH a. COUNTY 3 NAME OF DECEASED S SEX

24. FUNERAL DIRECTOR

cremation, or remayal, and in any ev permit. The signed by the burial-transit p

24 hours after death.

■INY INCLINE: The law remaines that the death certificat be executed

TINEME

be retained

VR A15 (4)

o. STATE MARYLAND WASHINGTON MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
HAGERSTOWN 42 DAYS RURAL SMITHSBURG d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL 185 NAVAHO CIRCLE Middle DATE First Month OF MARY JULY PEARL DANNER (Type or pont) DEATH 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 1091 9. AGE (In years **NEVER MARRIED** get authday) WIDOWED DIVORCED Tog USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working Life, even if retired) HOME PIEDMONT, WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SUSAN SANFORD MONTGOMERY (UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addreoute (Yes, no. or unknown) (If yes give war ar dates of service) E. MORGANTHALL, SMITHSBURG. MD NONE 18. CAUSE OF DEATH (Enter only one cause per lid PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause **TO FUNIRAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prarta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour o.m. Not While factory, street, office bldq, etc.) at work 21. I certify that (I) (this thospitalization ded the deceased from 57PM, fram causes and an the date stated above and that death accurred at saw the deceased alive an. 22o. SIGNATURE DIRECTOR MD PHYS. 22c. PHYSICIAN'S NAME (Type) M.D. POTOMAC ST. HAJERSTOWN, MD. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)
BURIAL HILL CHAPEL

ADDRESS

CHARLES M. ROUZER HATERSTOWN MARYLAND

DATE

DIVISION OF VI

10156

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

WASHINGTON

Day

12 CITIZEN OF WHAT

COUNTRYS

IF UNDER 1 YEAR

S RESIDENCE ON A FARM?

19 67

IF UNDER 24 HRS

19. WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNED

JULY 25.

(County)

HOWARD CO.

NO

(State)

NO A



1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and mompletely filled in bysate funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSPYTHE ON STATEMENT MAYSICIAN: The lam requires that the Math certificate be executed within 14 mem affer Meath. Page 4 may be retained by the hospital or attending physician.

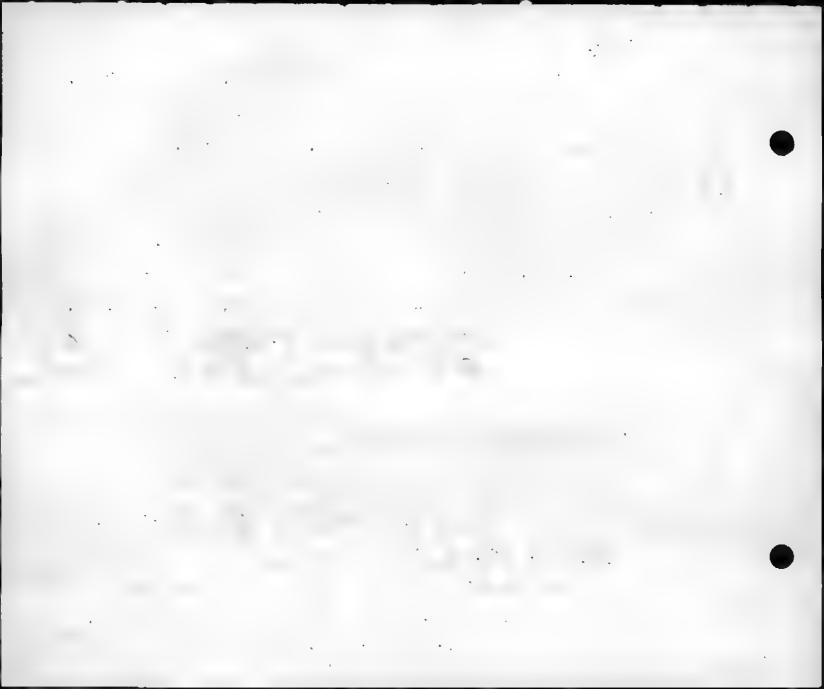
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,

10160 CERTIFICATE OF DEATH

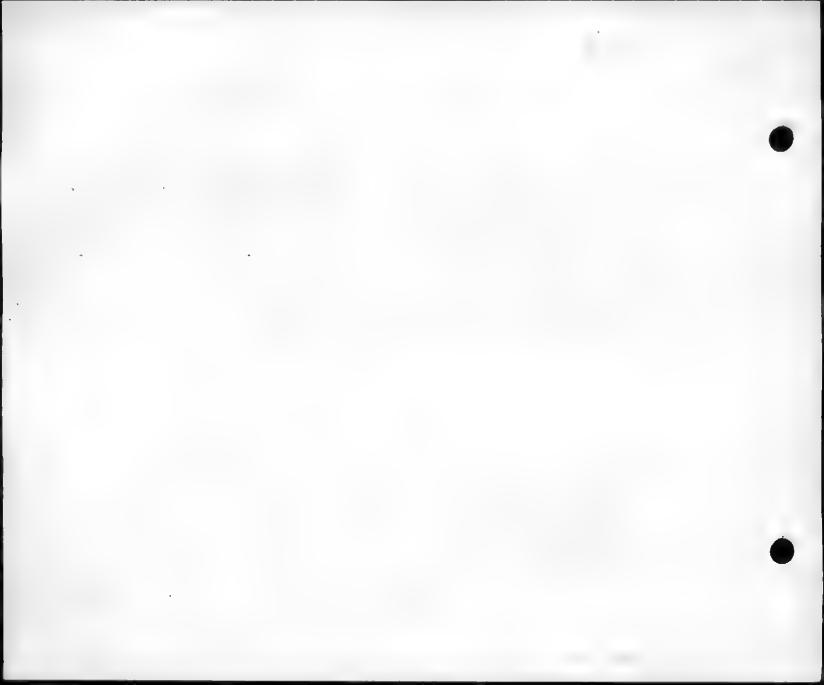
	_		
	1.	PLACE OF BEATH 6. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) a. STATE Md. b. COUNTY Wash.
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 7 years	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Hagerstown
41)		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
11		Washington County Hospital	E. Northern Ave.
		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED Middle Dav	19
		female white WIDOWED A DIVORCED	5-10-1891 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS. Solution Sol
	dur	a. USUAL OCCUPATION (Give kind of work done industry indu	Blairs Valley, Pa. 12. CITIZEN OF WHAT COUNTRY?
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		John S. Wilson	Joann Robinson
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(11	cs, no, or unknown) (If yes give war or dates of service) 215-14-1785T	George Davis Hagerstown, Md.
		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c), I PART I, DEATH WAS CAUSED BY:	Cardial Interval BETWEEN ONS AND BEATH
		IMMEDIATE CAUSE (a) COOL 1990	(17/1-S)
		Conditions, If any, which DUE TO Certerio Sele	rosis Gen. notten
		gave rise to immediate (cause (a), stating the) DUE TO	The state of the s
		underlying cause last. (c)	
,	CATION	PARTILICITYER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
X	CA	Umbelical Hernit	YES NO DY
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
			CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While - Not While - fector	ry, street, office bldg., etc.)
	M	p.m. 19 at work at work	3 /7 1067 to 1/1/2 10/2 7 that M found lead
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1962, and that	, 1967, to, 1967, that (I) (we) last the causes and on the date stated above.
		22a. SIGNATURE	22b. DATE SIGNED
		And Field the Mil	ATTENDING MED. STAFF DIRECTOR PHYS. 7
1		22c. PHYSICIAN'S NAME (Type) HIRTURO RIED	159 W. Washington 80.
1	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City/town or county) (State)
1		Buria Pecify) 7-14-67 Rose Hill	
6.5	24,	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRARI, 25b. REGISTRARIS SICHATUBE
	1	Minnich Funeral Home, Hagerstown,	Md. DATE UL 17 196

VR A|5 (4)



MARYLAND	II o STATE	Where deceased lived, if ins	CALINTY	
	MAI	RYLAND "'	WASH	
100.0000 00 0000 000			,,,,,,,	INGTON
C LENGTH OF STAY IN 16		tside carparate limits, write	RURAL and give nee	orest town)
2		GERSTOWN		
tat, give street address)	1			e S RESIDENCE ON A FARM?
SPITAL	2613 V.	LRGINIA AVEN	UE:	YES NO 🖎
	Last	UE		Day Year
		DEATH J		7, 19 67
		last birthday		
INDUSTRY	, ,	, ,		
POTOMAC EDISON CO	G. PAGE CO.	VIRGINIA.	U	S.A.
16 COCIAL CECUDITY NO. 12 1			ddines	
		HAG	erestown,	MARYLAND.
	UST DEPT. E	LRST_NATIONA		MARYLAND.
/ // //	don'the			ONSET AND DEATH
2 A	2000 GILL		-2.	recled
I'll at sleave				weeks
	ΛΛ	0		
Corceroma	of la	wel	12	years
NG TO DEATH BUT NOT RELATED TO T	THE TITIMINAL D SEASE CON	IDITION GIVEN IN PART 1(a))	19 WAS AUTOPSY
	V			PERFORMED? YES X NO
DESCRIBE HOW INJURY OCCURRED	(Enter rature of in ary in I	Part I ar Part II of Item 18)	
			(County)	(State)
	ary, street, arrice olag., etc.)			
tended the deceased fram_	, 1	9, ta_d tal	19	that (I) (Mp) las
July 19 6%, and that	t death occurred at	M, from cous		
10/		MED. STAFF	22b. DATE S	IGNED
M.U	11175	DIRECTOR L PHYS.		
JEFER M.D.		ROSPECT ST. I	HAGERSTOW	N. MD.
		23d LOCATION (City or		inty) (State)
1 23c NAME OF CEMETERY OR U	EKTWIRTLIKT			
23c NAME OF CEMETERY OR C		1 '	, , , , , ,	", "
ROSE HILL CE	METERY 2So RECT	HAGERSTOWN 256	, , , , , ,	MD.
	NED NEVER MARRIED DIVORCED DESCRIBE HOW INJURY OCCURRED DESCRIBE HOW INJURY OCCURRED DIVORCED DESCRIBE HOW INJURY OCCURRED DIVORCED DIVORC	The property of the property o	A STREET ADDRESS SPITAL Middle EDWARD NEVER MARRIED NEVER MAR	ASTREET ADDRESS SPITAL ASTREET ADDRESS 2613 VIRGINIA AVENUE Middle EDWARD DAWSON DEATH JULY 1 RED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NAY 26, 1893 NAY 26, 1893 NAY 27 4 vrs NATIONAC EDISON NAY 26, 1893 NAY 26, 1893 NAY 27 4 vrs NATIONAC EDISON NAY 26, 1893 NATIONAC EDISON NAY 26, 1893 NATIONAC EDISON NAY 26, 1893 NATIONAL NATIONAL NATIONAL BANK OF STORY), (b), and (c) AUTHORITY NATIONAL N

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely full of Arroy the Careful director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Dages I and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ID NOTITIAL OR ATTENDING MINSICIAN: The law requires that the duoth certificate be executed within 24 hours affig Page I may be retained by the haspital an attending physician



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after disth.

Page 4 may be retained by the hosp tal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely—wheel in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove careon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

†	(Parly RIDN	0F	STATISTICAL	MARYLAND RESEARCH AN	STATE DEP	ARTN 301 W.	ENT OF PRESTON	HEALTH STREET,	BALTIMORE_1,_M	ARYLAND
-	DIOM		Ttom #24	Fall # CE	RTIFICATE	OF	DEATH			153

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
Washington MARYLAND	rary land last nguon
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 15 yrs	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 33 11 am port. 1 0. IS RESIDENCE
la rerstour	TALLALANIA MURANA MURANA Hara
Friendship Manor Mursing Home Ind.	LYTERIOPIAD, ENTINE, AND
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) 'enlah' Crace De	clauter DEATH July 20 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	March 28 1896 Ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Naryland U.S.A
Housewife Home	1 14. MOTHER'S MAIDEN NAME
John E. Delauter	Catherine Palmer
(Vet. no. or unknown) ((If yet nive way or dates of service)	INFORMANT 131 E. Address ltimore St.
10 (1795 Give war of Gates of Service) 219 542 335 13	rs. Eessie Head Hagerstowl, arvland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) TEXELORITY	d Cercusomatoris Zyes
DUE TO	
Conditions, If any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5 Weakoto Mose Ten	PERFORMED? YES NO NO
208, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MACLY. (Elite) Hature of injuly in Part t of Part It of Mem 10.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while not While at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)
	C
21. I certify that (I) (this hospital) attended the deceased from K	1965 to 7-20, 1967, that (1) (we) last
	t death occurred at 415 M, from the causes and on the date stated above.
228. SIGNATURE	
Cotest! Coursed M.D	D. PHYS DIRECTOR PHYS.
22c. PHYSICIAN S NAME (Type) PARA - + PC COTY TOOL	220. ADDRESS Hagers town, mg
110 Ney 11. CUTTRE	045545010-0111-14
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify) July 23-67 Manor Cemet	erv Pear Tilehmanton 1d.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
	d DATE JUL 2 4 1967 golianles Judge
'lhert I. Leaf Williamsport Marylan	d I DATE OF A TOO



19163

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 . A The State of the State of

10 ILLERAL DIRECTOR: After this merificate lias been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove served papers. Pages Y and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs-after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

1							
1	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. STATE MARYLAND WASHINGTON				
	b. CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (if outside corporate limits, write RURAL and give	neorest town)			
	write RURAL and give nearest town)	18 YEARS	BIG POOL 21	,			
	d NAME OF HOSPITAL OR INSTITUTION (IF not in h		d. STREET ADDRESS	e IS RESIDENCE			
	HOME, BIG POOL	, , , , , , , , , , , , , , , , , , , ,	BIE POOL	ON A FARM? YES X NO			
3	NAME OF First	Middle	Lost 4 DATE Month OF BASE S	Day Year			
}L	(Type or print) CHESTER WI	LLIAM DESHONG	DEATH JULY 12	2, 1967			
S	SEX 6 COLOR OR RACE 7 N	MARRIED NEVER MARRIED 🔲 8		YEAR IF UNDER 24 HRS Doys Hours Man			
	MALE WHITE W	IDOWED DIVORCED []	7/29/1905 61 loss bethdoy) Months	Dolls Hours Will			
	usual Occupation (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12 (ITI)	PEN OF WHAT			
AB	r ng most of working life, even if retired)	LUMBER	FULTON CO,M PENNA.	NTRY 2			
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	SAMUEL LOGUE DESHO	NG	ELSIE IRENE DECKER				
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17, 1	NFORMANT Address				
(Y	was deceased ever in u.s. armed forces? es, no, or unknown) (If yes give wor or dotes of serv NO	204-018702 Ro	BERT C. DESHONG, BIG POOL	MD.			
	18. CAUSE OF DEATH (Enter only one couse per PART 1 DEATH WAS CAUSED BY:	r line for (a), (b); ond (c).)	y Least disease	ONSET AND DEATH			
	IMMEDIATE CAUSE (o)		Taction is more				
	Conditions, if ony, which gove) (b) (Lift on ACIII only)						
	rise to immediate cause (a), (I)						
	stoting the underlying couse	F/2/121	Eleusion				
	(4)	BUTING TO BEATU BUT NOT BE SEED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY			
Š.	TAK) II OTTER STORMERARE CONDITIONS CONTRI	BOTHS TO DEATH BUT HED REGISTED TO T	THE TEXAMINAL DISEASE CONDITION GIVEN IN CART I(0)	PERFORMED?			
3	200 ACCIDENT WAS UNDERLYING	ANT DESCRIBE HOME HUMBY OCCUPATED	Enter notice of injury in Port I or Port II of item 18)	YES NO			
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW INJURY OCCURRED.	terret notice of injury 81 Port 1 of Port 11 of Item 15)				
MEDICAL	20c T-ME OF INJURY Month, Day, Year		E OF INJURY (Home, form 20f (City or town) (Caur	ity) (Stote)			
N.	Haur a.m. p.m. 19	While Nat While of work	ory street, office bldg., etc.)				
	21. I certify that (I) (this haspital		Jan 1966, 10 July 17, 196	7, that (1) (we) last			
	saw the deceased alive an	(a) 2 1967, and that	death occurred at 6 P M, from causes and on the				
	220 SIGNATURE	1.10	ATTENDING MED STAFF 22b DAT	E SIGNED			
	Y(n) Aa	APPLL M.D		14/67			
	22c PHYSICIAN'S NAME (Type) L./1/5	HAFPER	22d ADDRESS Jancock, M	di			
23	o BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (C ty or Town) (County) (Stote)			
B	REMOVAL (Specify) 7/15/67	SIDE INC. U.	CHRISTIAN HARRISON	an Jugar			
12	4. FUNERAL DIRECTOR	ADDRESS	250 REPLY RES STRAR 36 256 RABISTRAKT STO	AVAIOUE NAA			
	Kuhard Line	e Honcock, D	7.1. DATELLI 1 7 1967 Vollande	yndal.			
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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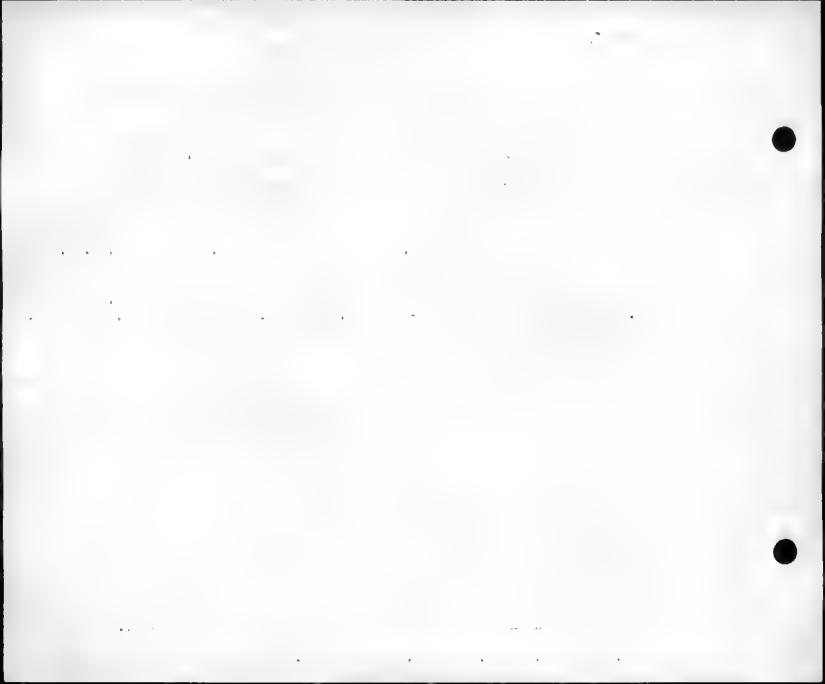
CERTIFICATE OF DEATH

3161

1	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased lived, of institution b. CO		ice befare admiss	ion)
L	Washi			MARYL		Marylan	nd	Washin	gton_	
		autside carparate emits, (CENGTH OF STAY IN 16 give nearest tawn)			119	c C TY OR TOWN (If ou	tside corparate limits, write R	URAL and give	e nearest town)	
	Hager	stown	own 2 Months			Boonsbo	ro			
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in haspital,	give street address)		d STREET ADDRESS			e IS RES	FARM2
	Washin	ital		117 Pot	omac St.			NO X		
3	NAME OF DECEASED	it	Miodle		Lost	4 DATE Mo	inth	Day Y	ear	
	(Type or point) William Henry					Easterday	DEATH JULY		19	- 1
S	ZEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		8 DATE OF BIRTH	9 AGE (In years	IF UNDER Months		ER 24 HRS
	Male	White	WIDOWED	DIVORCED		May 5, 1885	82 yrs.	11111	Days Hours	TANIL
		(Give kind af work dane		KIND OF BUSINESS OR NDUSTRY		11 BIRTHPLACE (County)	& State or foreign country)		TZEN OF WHAT	
au	ring most of working life, even if retired)		ter Co.		Boonsboro	, Md.	υ."	S. A.		
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
	Frisby Easterday					Martha An	n Easterday			
		R IN J S ARMED FORCES? (If yes give war at dates of		SOCIAL SECURITY NO	17 1	INFORMANT	Hagerstow	iess Md		
10	No •	(1) hez dine mai ai aaiez ai	2	20-05-6899	Mr	Edmund R.	Basterday, 6		Locust S	St.
	Canditions, if any, rise to immediat stating the under last.	, which gave e cause (a), PUE 1 rlying cause	(c)	TO DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE CON	DIT ON GIVEN IN PART I(a)	Lacos	ONSET AND	- C. res
ATION				-					YES T	NO [
L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b D	DESCRIBE HOW INJURY OC	CURRED	(Enter nature of injury in t	Part I ar Part I of 'tem 18)			
MEDICAL	20c TIME OF Nut Haur o.r p.r	10	20d. While	e _ NatWhile _		CE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(Cai	unty)	(State)
1	21. I certif	fy that (I) (this hosp	ital) atter	nded the deceased f	ram	may 5 , 1	9 <u>67</u> , ta Jule	3 , 19 4	67, that (I) ((we) last
	saw the de	ceased alive on 🕰	ممد	28 1967,0	nd tho	t death occurred at:	7:00AM, from cause	ond on the	ne date stote	ed obove
	220 SIGNATURE	_ \	}	···		ATTENDING	MED STAFF	22b D/	ATE SIGNED	
	Davis	· w . Se	You	1m L.S	M.E	D PHYS LV	DIRECTOR PHYS	7/2	Jy 4 19	967
	22c. PHYSICIAN'S NAME (Type)	h 16	1 \	· i .		22d ADDRESS	1 - 7		9 >	
	Same () pu	Dr. Rr W.	Le Y	(an/m.)		Booms				
23	a. BUR AL, CREMATIC		REOF	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCATION (City or	Tawn)	(County) ((State)
	REMOVAL ISpecify Burial		67	Boonsbor	o Ce		Boonsboro			
2	4. FUNERAL DIRECTO	R		ADDRESS		250 3EC	BY YEG STRAIGEY 25b	PEGISTRAR'S S	CONSTUREMENT	He.
I.T	ohn H. Ra	st. Jr. 112	N. M	ain St. Boo	neho	PO - Md - DATE		,	0	

heral and 2 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: Th≡ law regures that ths Beath certificate be executed withs 24 hay Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. should be filed with the State Dept of Health prior to burial, crematian, ar remayal, and in any event, withmaz 2 has

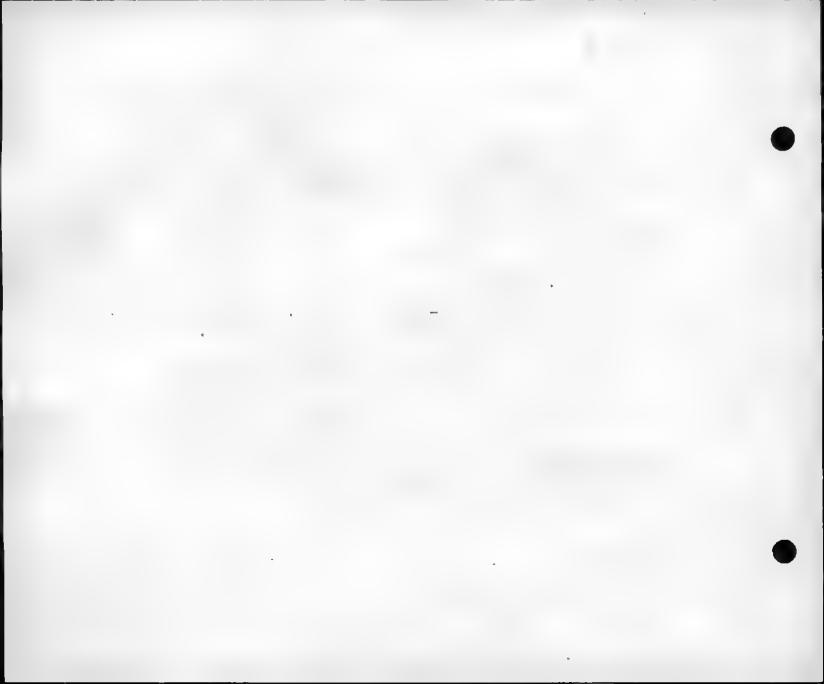
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<i>-</i>	1.	8	4

	10165 CERTI	IFICATE	OF DEATH		V 1.	C.20		
		ARYLAND	2 USUAL RESIDENCE (W	there deceased lived, if institution of Wash	non Residence	pefore admission)		
	b. CTY OR TOWN (If outside corporate mits, write RURAL and give nearest tawn) c. LENGTH OF STA	Y IN 1b		s de carparate limits, write RJ				
	Hagerstown 2 Yrs		Hager	stown		, /		
	d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)		d. STREET ADDRESS			8 IS RESIDENCE ON A FARM?		
	228 No Potomac St		228 No P	otomac St		YES NO		
	NAME OF DECEASED (Type or print) MARY LELLY	ENG		OF DEATH July	4 196			
S	SEX 6 COLOR OR RACE 7 MARR ED NEVER MARR Female White Widowed Divorce	hamil	B DATE OF BIRTH 18 18 18 18 18 18 18 18 18 18 18 18 18 1	AGE (n years 1955 birthday) 75 yrs	F UNDER 1 Y	YEAR FUNDER 24 HRS Doys Haurs Min		
10a duri	in usual OCCUPATION (Give kind of work done ing most of working life even if refired) Housewife Wind Home		11 BIRTHPLACE (County 8 Juniata C	State or foreign country) o Penna		ZEN OF WHAT		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	John A. Leech		No R	ecord				
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates af service) 16 SOCIAL SECURITY NO NO 280-52-21		nformant ary C. Bra	ham 228 No		ac St		
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	76	Hagerstow	n Md.		INTERVAL BETWEEN		
	Conditions, if any which gove inse to immediate cause (a). (b) Hypullial	in 6	kow to	becie		3 ms		
	stating the underlying cause lost. (c)							
ATFON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO T	HE TERMINAL DISEASE CONI	D.T.ON GIVEN IN PART .(0)		19 WAS AUTOPSY PERFORMED? YES NO		
L CERTIFICATION	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED (Enter nature of injury in P	ort I or Part II of tem 18)				
MEDICAL	20c IHME OF INJURY Manth, Day, Year Haur a.m p.m. 19 20d INJURY OCCURRED While hat While of work at wark		E OF INJURY (Hame, farm ary, street, office bldg., etc.)	20f (City or town)	(Cour	(Stote)		
	saw the deceased alive an 6/13 196/	21. I certify that (I) (this haspital) attended the degeased from 5/23 , 19 7/4 , 1901, that (I) (ye) los						
	2 Donald EMarti	M.D	PHYS.	MED. STAFF C	22b. DAT	SIGNED / 7		
	227 PHYSICIAN'S NAME (Type) Donald E. Martin, M.D.			tomac St., Ha	igersto	21740 own, Md.		
230	BUR AL CREMATION, 236 DATE THEREOF 23C NAME OF CE			23d LOCATION (City or To	,	(State)		
24	FUNERAL DIRECTOR HAZETSTOWN MC ADDRESS	311 0	emetery	Hagerstown By REGISTRAR 1 256 RE	EG SIRAR S SIG	h Co Md		
24	Andrew K. Coffman Funeral Ho	ome I		1 10 1007.	Con .	1 20 =		

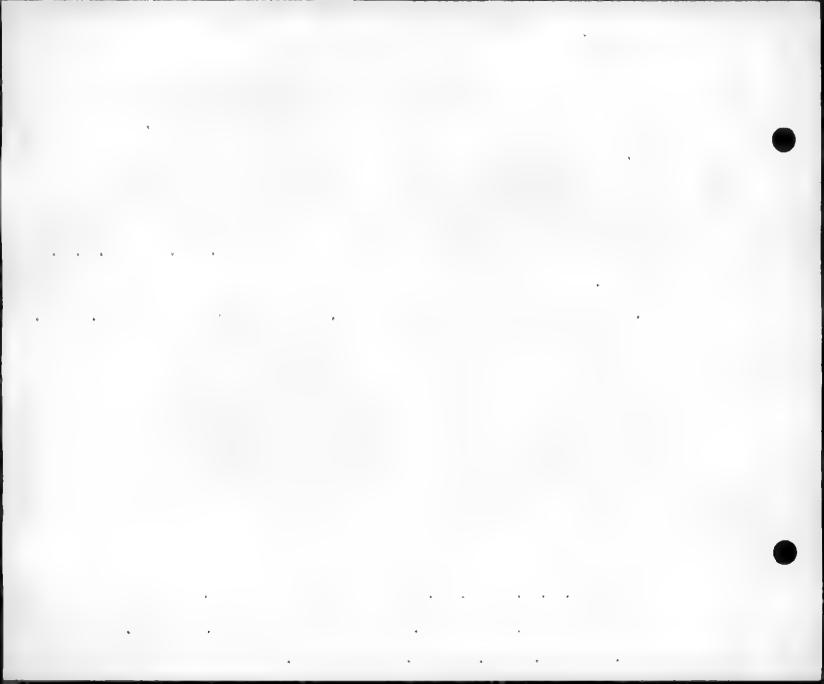
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and karpulately filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the death certificate be execu<u>ted</u> within 24 hours after ded Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



10166

	TOTOU			CERTIF	ICATE	OF DEATH		11 m	128
	PLACE OF DEATH a (OUNTY Washingto			MARY	TAND	2 USUAL RESIDENCE () 0 STATE Maryland	Where deceased lived, if institution b CO		,
	b CITY OR TOWN (If write RURAL ond Rural Boo	outside corporate fimiti give nearest town) nsboro	,	Life	N 16	,	itside corparole limits, write R		neorest town)
		L OR INSTITUTION (If no	, ,	give street oddress)		d. STREET ADDRESS			e S RESIDENCE ON A FARM? YES NOW
3	NAME OF DECEASED	Mapleville		Middle		Lost	OF	orth	Day Year
-	(Type or print)	Nancy	7 HADDIO	Evelyn		ulder	9 AGE (In years	15.	YEAR TIFUNDER 24 HRS
3.	Fema le	6. COLOR OR RACE	7 MARRIED WIDOWED			date of Birth	ost birthdoy)		Doys Hours Min
		Give kind of work done		K ND OF BUSINESS OR NOUSTRY			& State or foreign country)	(0)	ZEN OF WHAT
	Housewile			Wm Home			on Co., Md.	U.	S. A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
	David E.	Stine				Clara Ba	ker		
IS	WAS DECEASED EVER	IN L.S. ARMED FORCES? If yes give wor or dotes of	16	SOCIAL SECURITY NO	17 ti	NFORMANT	Ado	dress	
(11	NO.	ii yes give woi oi doles c	1 Zaraifa)	None	Mrs	. Daisv Par	lder, Boonsbe	oro Rfd	2. Md.
Z	260X Conditions, if ony, rise to immediate stating the underl lost	which gove couse (o), ying couse	το (b) Diat το (c)	etes		erdio Vascul	NOTION GIVEN IN PART I(o)		5 ONSET AND DEATH 5 VERYS 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200 ACCIDENT WAS		20ь г	DESCRIBE HOW INJURY OF	CCURRED (Enter nature of injury in	Port L or Port II of Item 18)		YES NO SE
	OR CONTRIBUTING E								
MEDICAL	20c. TIME OF INJUI Hour 'o.m. p.m.	10	20d While			E OF IN.URY (Home, form ory, street, office bldg., etc.)		(Cour	nty) (State)
	21. 1 certify	that (I) (this has	pitol) atter u lv 1 2	nded the deceased	from_s	une , l	9.65 ta July 1	3 , 19 6	\$7, that (I) (we) last e date stated above.
	220. SIGNATURE	150)	Sight.	4	M.D	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22b. DA	TE SIGNED 15–67
	22c. PHYSICIAN'S NAME (Type)	Dr. E. W.	Ditto	Gr.		Hagerstov	m, Md.		
230	BLRIAL, CREMATION REMOVAL (Specify) Burial	7- 16		23c NAME OF CEME			23d LOCATION (City or	Md	(County) (State)
	FUNERAL DIRECTOR			ADDRESS		25o REC	D BY REGISTRAR 256	DEGISTRAD'S SIG	SNATURE
J	ohn H. Ba	st, Jr. 11	2 N. M	ain St. Boo	onsbo	ro, Md DAR	L 1 8 1967 /	(Charle	es judge

TO MOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate by exacuted within 21 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fortion director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye arrows gapers. Pages Frence should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any spent, within 72 hours after death. Page 4 may be initained by the hispital in attending physician.



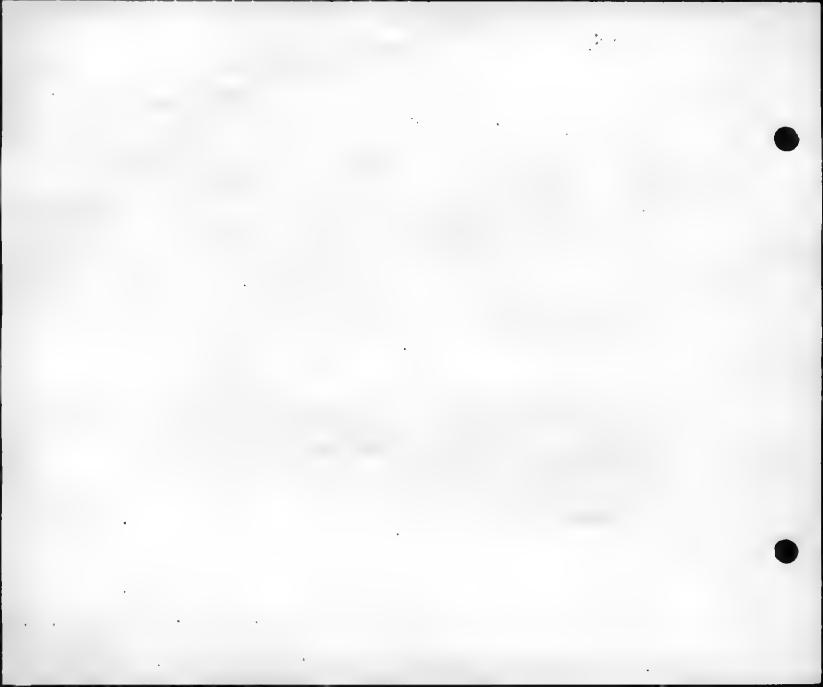
MARYLAND STATE DEPARTMENT OF TIEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10167

CERTIFICATE OF DEATH

1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence	e befare admiss an)
	a COUNTY WAShington Co., MARYLAND	o STATE b COUNTY	ih mistra
\vdash	b CITY OR TOWN (If autside corporate .mits. C LENGTH OF STAY IN 1b	c, CITY OR TOWN (If autside carparate 1 mits, write RURAL and give	
	write RNRAL and give regrest town)	1 3 1 -	nedies bwn
	HINKINGS TOUTH, ME	Williams per/	· · ·
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	B IS RESIDENCE ON A FARM?
	WAShington Co Hospital	109 Jackson Drive	YES NO 1
3	NAME OF First Middle	Last 4 DATE Month	Day Year
	(Type or print) Brenda Sue	FEMEROW DEATH 7	31, 1967
5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF JNDER)	
	WIDOWED TO D VORCED TO	8/21/59 lost birthday) Months	Days Hours Min
10	o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR		ZEN OF WHAT
	uring most of working life, even if retired INDUSTRY		INTRY? U.S.
-	A. PATURNIC CLARK		и, з .
- ['	3 FATHER'S NAME	14. MOTHER'S MAYDEN NAME	
	Clyde LES FEHRNOW	Dovis JEAN Iruax	
1		INFORMANT	
,	Yes, na, ar unknown) (If yes give war ar dates of service)	1402 FEARATEW - WILLAMS POV	i. Md
H	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Lout Failure	ONSET AND DEATH
	IMMEDIATE CAUSE (a) COWASSTIVE F	JEHRA I MITUVE	24 hm
	Conditions, if any, which gave) (b)		GMOS.
	rise to immediate cause (a)		
	stating the underlying couse DUE ID		17/ 1/25
	lost (c) TANCONI SYN	drom E	7/29/3
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CEPTIENTATION	None		YES NO
DES	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18)	<u> </u>
103	OR CONTRIBUTING CAUSE OF DEATH	(and the second of the second	
		CE OF INJURY (Hame, farm, 20f (City or town) (Cou	nty) (State)
MEDICAL	2 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLA Haur a.m. While Not While fact	tary, street, affice bldg., etc.)	uik) (ziais)
2	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) offended the deceased from	8/21, 1959, to 7/31, 196	\mathcal{I} , that (1) (we) last
	sow the deceased olive on 1/31 1967, and tha	it death occurred at 1 P. M, from couses and on th	e date stated above.
	220. SIGNATURE K		TE SIGNED
	Julian Holong M.		3//67
	22c PHYSICIAN S O	22d ADDRESS	4 /
	NAME (Type) Richard /t. Johns	101 KING STREET, HOLEVEDON	M, Md.
2	30 BURIAL CREMATION 235 DATE THEREOF 23c NAME OF CEMETERY OR		(County) (State)
\ \ \ '		el Cemetery Berkley Spring	
1			
	ADDRESS ADDRESS Minnich Funeral Home, Hagerstown	25a. REC'D BY REGISTRAR 1, 25b. REGISTRAR'S SI	By Vudges
1	Minnich Funeral Home, Hagerstown	, Md. DATE AUG 4 1961 Julian	10

TO NOTITE OR RITERDING MHYTICIAN: The law requires that the death certificate be executed within 24 haurs after direath. Page 4 may be retained by the haspital or standing physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Purply be tiled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hauf



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

RSTATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	~ A T + A
DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	lence before admission)
		o. COUNTY Washington MARYLAND b. CITY OR TOWN (1 quitage comparate limits 1 (15NGTR OF STAY IN 16)	Maryland Washingt	on
			c CITY OR TOWN (If outside corporate limits, write RURAL and o	ve nearest town)
		write RURAL ond give nearest town) Hagerstown D.O.A.	Hagerstown R # 2	
		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE
	A	ashington County Hospital	Connocheague Park	ON A FARM? YES NO
		NAME OF First Middle	Last 4. DATE Month	Day Year
	1	DECEASED (Type or print) JOHN WILLIAM	OF	1967 19
		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED		ER 1 YEAR IF UNDER 24 HRS
			last birthdoy) Manths	Doys Hours Mn.
	10c	USUAL OCCUPATION (Give kind of work done 1 10b KIND OF BUSINESS OR		CITIZEN OF WHAT
	dur	no most of work no life even if retred) IND STRY	**	COUNTRY?
	13	Laborer Roofing Co.	Bedford County Pa	UA.
	Is	George Fletcher WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	Clara Jones INFORMANT Address	4
	(¥e	is, no, ar unknown). (If yes give wor or dates at service)		4
	<u>_</u>		rs Edna M. Long Hagersto	wn Md. R#4
		18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c), PART I, DEATH WAS CAUSED BY: PAGE 1 Ckrill 6	ino at use	NTERVAL BETWEEN ONSH AND DEATH SUGGEN
		IMMEDIATE CAUSE (0) DASAL SKULL L	racture	Sudden
		OUE TO Canditions, if ony, which gove) (b)		
		rice to immed ate cause (a)		
		stoting the underlying cause DUE TO		
		Dost (c) PART I OTHER SIGN E CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TENNING DISTANCE COND. T. ON CHUEN AND DEDT. VIC.	LO WAS A ITODOV
h	ő.	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Part I or Part I of item 18.)	YES NO XX
	ERTE	PRIMAR CONTRIBUTING Victim fell do	wn steps at his home	
	3	CASSE OF DEATH		County) (State)
	NED (ctary, street office bldg , etc)	
	2		ome Hagerstown,	
		21 I certify that I toak charge of the remains described obave, h		
		death resulted from. Natural causes 🔲 , Accident 🗷 , Sui		
		ACTUAL THE THEORY OF THE SIGNATURE	CHIEF MEDICAL EXAM NER	7/31/67 22. DATE SIGNED
		SIGNATURE SUMME UT	M.D ASSISTANT MEDICAL EXAM NER	
		EXAMINER'S NAME (Type) Howard N. Weeks, M.D.	DEPUTY MEDICAL EXAMINER	rthern Ave. town, Md.
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Tuwn)	(County) (State)
		Burial 8/1/67 Rose Hill	Cemetery Hagerstown Wa	sh Co Md
1		FUNERAL DIRECTOR Hagerstown Md. ADDRESS	250 REC'D BY REG STRAR 256 REGISTRAR	
1		Andrew K. Coffman Funeral Home I	no DATALIG 2 1967 (Clian	reas Judge



FOR STATE HEALTH DEPT.

any delay is

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MESTCAL EXAMINER:

10169

mecessary please emecute the certificate writing this ward panding in pencil in Item 18 Give Pages 1, 2, and 3 tail the funeral director Pinge III should be farwarded to the Chief Medical Examiner's Office along With form PM3. Page 5 may be retained far your files TO FUNERAL DIRECTOR: Page 3 should be used as 11 barral transit parmit. File pages land 2 with the State Department of Reath prior to barial crematian, ar semoval, and in any event within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		10169 . V	MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	10188
		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, it institution.	
	,	WASHINGTON	MARYLAND	UTA		TOOELE
	t	CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside carparate imits, write RURAL	and give nearest town)
		HAGERSTOWN	2 DAYS	SAL	LT LAKE CITY	*
	(NAME OF HOSPITAL OR NSTITUTION (If not in hos	pital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
		WASHINGTON COUNTY HO	SPITAL	1990 S.	21 ST. EAST	YES NO T
		NAME OF DECEASED RICHARD	VERGIL FO	WLER	4 DATE Month OF DEATH 7	
	5 5	, 1,00	RR ED 🛣 NEVER MARR ED 🗌	8 DATE OF B RTH	last b etherase	FUNDER 1 YEAR IF UNDER 24 HRS
	I	MALE WHITE WOO	OWED DIVORCED	AUGUST 29,	1944 22 yrs	MODITIS DUYS HOUIS MILLI
	100		10b KIND OF BUS NESS OR	·	ar fore gn country)	12 CITIZEN OF WHAT
	_		U.S. GOVERNMENT		VASHINGTON	COUNTRY?
	13	FATHER S NAME		14 MOTHER S MAIDEN	NAME	
		RICHARD H. FOWLER			INNE ANKUDOWICZ	
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) INKNOWN	1 .	INFORMANT	1990	S. 21 ST. EAST.
	J			S. SHARON T	FOWLER SALT	LAXE LAKE
		18 CAUSE OF DEATH (Enter only one couse per li PART DEATH WAS CAUSED BY		MITTEL TAITS	MACCRERRAL	INTERVAL BETWEEN ONSET AND DEATH
		IMMED ATE CAUSE (o)	RACTURED SKULL EMORRHAGE AND	CHE DIDAT	HEMATOMA	
		Conditions of any which mayor	CHAMINGE AIM	JOD DONAL	III III OIII	40 HRS.
		rise to immediate couse (a),				10 11110
		stoting the underlying couse				
		PART II OTHER S GNIFICANT COND TIONS CONTRIBU	ITING TO DEATH BLT NOT RELATED TO	THE TERMINAL DISEASE CO	NOITION GIVEN IN PART I(n)	VASAUTOPSV
	CERT F CATION	TACLE OF COMMISSION CONTROL	THE TO SEAL OF NO. RESIDED TO	THE TEXAMONE D SENDE CO	7,000	PERFORMED?
	2	200 EXTERNAL CAUSE WAS PRIMARY → OIL CONTR BUTING □	Ob DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of Item 18)	
		PRIMARY ★J on CONTR BJTING □ CAUSE OF DEATH	EVERELY BEATEN	BY UNKNO	WN PERSONS	
	MEDICAL	20: JAME OF NIURY Month Day Year	20d INJURY OCCURRED 20e PLA	CE OF NURY (Home for		(County) (State)
	WE		While of work at work PUE	LTC HTGHW	AY CHAMBERSE	BURG, PA.
		21 I certify that I toak charge of th	e remains described above, he	eld an Autapsy 🔀],	Inspection, Inquir	y 🔲 , and in my op nion
		death resulted from Natural cause	es 🔲 , Accident 🔲 , Suic	ade 🔲, Hamic de	Undetermined man	ner 🔲
		ACTUAL A SAY A	1/ 3	CHIEF MEDICAL	EXAMINER	AA AAY SIAHFA
		SIGNATURE ME CONTRACTOR	the fr	(N) D	DICAL EXAMINER	22. DATE SIGNED
		EXAMINER'S DR. E.W.DITTO	ı ı n		AL EXAM-NER (X) If, city flown, or county)	7-2-67
	220	NAME (Type) DR. E.W.DITTO BURIA PREMATION. 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town	
		REMOVAL (Specify) 7/5/67			1	
		FUNERAL DIRECTOR	TOOELE CITY ADDRESS	25m REC	D BY REGISTRAR 256 REG S	TOOFLE UTAH
					D BY REGISTRAR 25h REG S	rlas Judge
1	-	THE POOLET HAS	ERSTOWN MARYLANI	DAIL		_ A A

VR A 15ME (5)

FR STURED STILL WIT. INTRACERS.L. HE SRR 4ACE (NO SU. BURAL N. TS).

SEMEREL EATE BY DICKMAN PERSONS

2:10

C PUTLIC MITTIN Y DICKR UPL,

ER. E.W. 11777, R.

7-2-7

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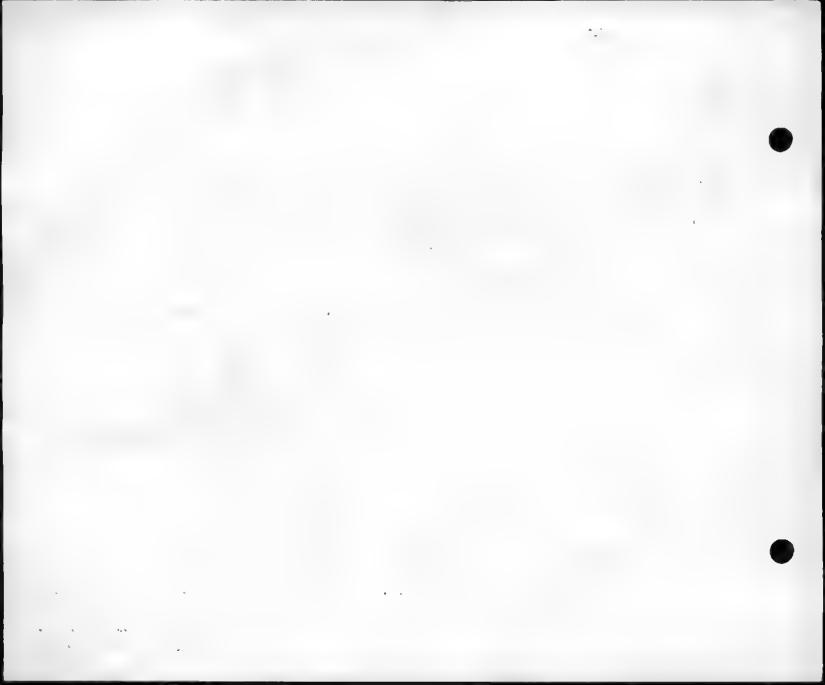
CERTIFICATE OF DEATH

50107

Ī	PLACE OF DEATH	ተ ተፈ ሲኒየ፣ ምንያ ማስነውነን			Where deceased lived, institution	· ·
		WASHINGTON	MARYLAND		ILAND	WASHINGIUM
1	write RURA on	(f outside carporate limits, d give neorest tawn)	c LENGTH OF STAY IN 16		uts de corporate limits, write RURAI	L and give nearest lawn)
-	HAGERS	ST OWN	42 YEARS		ERSTOWN	I if netenther
		TAL OR INSTITUTION (If not in hosp to,		d STREET ADDRESS	H PROSPECT STRE	8 IS RESIDENCE ON A FARM?
		GTON COUNTY HOSPI				113 [10 [
13	NAME OF DECEASED	First	Middle EDGAR GE	Lost TSELMAN	4. DATE Month OF JULY	9 19 67
-	(Type or print)	NORMAN 6 COLOR OR RACE 7 MARRIED	22 0221	B DATE OF BIRTH	DEATH	IF JNDER 1 YEAR IF UNDER 24 HRS
	MALE	6 COLOR OR RACE 7. MARRIED WHITE WIDOWED		JUNE 29, 189	loct hethday)	Manths Doys Hours Min.
	00 USUAL OCCUPATIO	N (G ve kind of work dane 10b. K	IND OF BUS NESS OR UFACTURING FIR		& State or foreign country) PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY S. A.
ľ	13. FATHER'S NAME	· ·		14 MOTHER'S MAIDEN I		'
L		DANIEL GEISELMAN		AMELIA	A STAMBAUGH	
	Yes, no prof nown)	(If yes give wat or dotes af serv ce) 21	SOCIAL SECURITY NO. 17 4-09-0023 A MR	NFORMANT S. LUCILLE I	ROUTE RONEY, CLEAR SP	TRING, MARYLAND.
301T4010140	200 ACCIDENT WA	THE COUSE (a), DUE TO (c) DIE TO	Tenoreties To DEATH BJT NOT RELATED TO TELE LEURING SCRIBE HOW INJURY OCCURRED	eminy &	Port I of rem 18.)	Gland, Gland, Gland, Gland, 19 WAS ALTOPS Y PERFORMED? YES NO]
	20c T.ME OF .N.	m. While	Not While fact	CE Of INJURY (Hame, form ory, street, office bldg., etc.)		(Caunty) (State)
	21. certi	fy that (I) (this hospital) atten	ded the deceased fram		95 ta COM, fram causes ar	19 , that (I) (we) last and an the date stated above
	22c PHYSICIAN S NAME (Type	and Wan	ord, M.D.	22d. ADDRESS	MED STAFF DIRECTOR PHYS. D	JULY 12, 1967 STOWN, MD.
7	230 BUR AL, CREMAT		23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)
	REMOVAL (Specify BURIAL)	7/12/67	ROSE HILL C	EMETERY	HAGERSTOWN. W	WASH. CO. MD.
-	24. FUNERAL DIRECTO		ADDRESS	THE STATE OF STATE AND ADDRESS OF THE STATE AN	BY REGISTRAR 256 REGI	STRARS SIGNATURE
	CHARLES	M. ROUZER, HAGEF	STOWN MARYLAN	D DATE	OF T 4 1901 %	charles Junges
100						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. papers. Pag TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please removercarban papers. Pe should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any fiver with fig. 72 hour ver wit Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

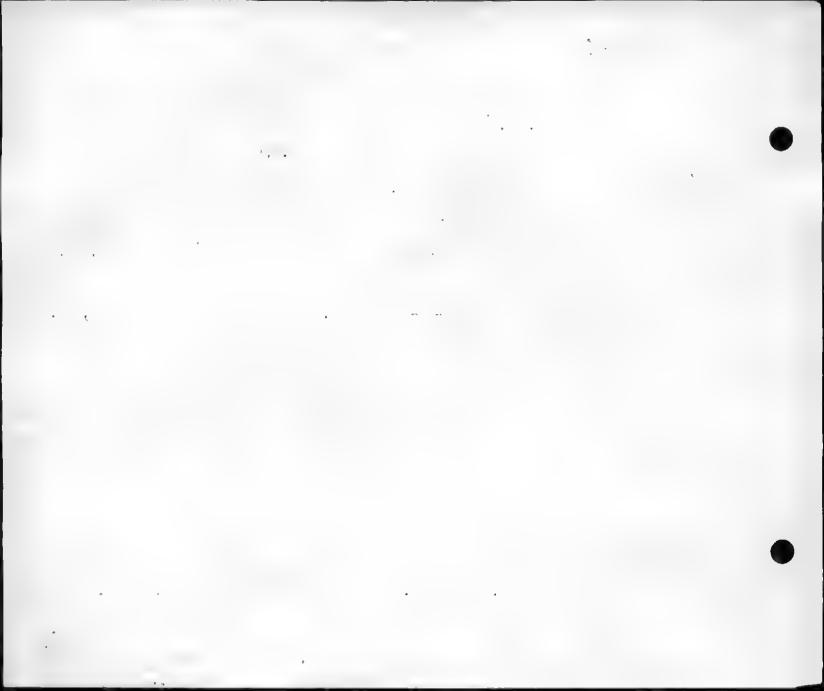


10168

TOIS	T.		CERTIFICA	TE OF	DEATH			400	O'TOO	
1. PLACE OF DEATH				2. USL	AL RESIDENCE (Where decease	d lived, if institut	rian. Resident	ce before odmiss	ion)
o. COUNTY Was	shington		MARYLANE	a. 5	TATE Maryla	and	b. (OUI	Washir	ngton	
	(If outside corporate limits, and give nearest town)		c. LENGTH OF STAY IN 16	c CITY	OR TOWN (If au	itside corporat	e limits, write RUI	RAL ond give	e neorest town)	
Casos		5=1	30 years		Cascade	(R	ural)		21.1	
d NAME OF HOSE	PITAL OR INSTITUTION (If no	n haspital, g	give street address)	d. STR	EET ADDRESS				e IS RES	
					R.D.1					NO 🔀
3. NAME OF DECEASED	Fire	t	Middle		Lost	4 DATE OF	Mon	th		ear
(Type or print)	Guer	non	C.		arbaugh	DEATH	July			67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		OF BIRTH	9	AGE (In yeors last birthday) Yrs	Months	Days Hours	R 24 HRS
male	white	WIDOWED		3 "	30/1904					
	ON (Give kind of work done ng life, even if retired)		ND OF BUSINESS OR DUSTRY	FI BI	RTHPLACE (County ed 'rick' irbaugh'	& Store, or fore	eign country)		IZEN OF WHAT	
carpe			Construction	H	rbaugh	s Vall	ey		LS.A.	
13. FATHER'S NAME				14 M	OTHER'S MAIDEN!	NAME				
Ar	ben Harbaugh				Fannie	Miller				
	VER IN U.S. ARMED FORCES?	servicel		17 INFORMA		24	Addre			
no		117		Mrs. I	lichard	E. "ar	baugh (Jascad	le, Md.	
18. CAUSE OF	DEATH (Enter only one cous EATH WAS CAUSED BY:	e per line for	- 11 -	00	1	1.		A.	INTERVAL BE	
PAT I. DI	IMMEDIATE CAUSE (a) ///	10 caraia	x Dr	your	ran,	ace	ule	ONSET AND	sky
F.XU		0	N. 4 A.	· Da	1. A.		Λ		1-2	140
	nte couse (a)	b)()	conory	MYC	ruji	<u> </u>	ry		16	7100
stating the unc			,		U F		/			V
last		()	TA CEATH BUT NOT BELATER	TO 7 11 T1D1	In a Dict ice co.	ID ITION A CUT	A DADY 1/ 1		19 WAS AUI	TOBEV
PARC IL OTHER	SIGNIF CANT CONDITIONS CO	NIRIBUTING	IO DEATH BUT NOT KETATED	IU IHE TERN	IINAL DISEASE COP	ADITION GIVES	ith PAKI I(a)		PERFORM	NO F
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAM.NER)	20b DE	SCRIBE HOW INJURY OCCUR	RED (Enter no	ture of injury in	Port I or Part	Il of item 1B.)			
	NJURY Month, Day, Year o m.	20d II While			URY (Home, farm t, affice bldg., etc.)		(City or town)	(Cou	unty)	(Stote)
	p.m 19	ot war		153	77	- 5:/2	0.1	2	() ()	
saw the	tify that (1) (this hose deceased alive ap	otten	dea the deceased tran	that death	accurred of	957, to	tramilauses	and on th	2/, that (4) ne date state	d above
220 SIGNATUR	my Styl	uu	25/	MD ATTI	INDING P	MED DIRECTOR	STAFF PHYS	22b DA	ATE SIGNED	7.
22c PHYSICIAN		1	111	22	d. ADDRESS					
NAME (Typ	e) Harry F	. Your	ngs Jr.		Blue R	idge S	umunit,	Penna,	·	
23o. BURIAL, CREMA	TION, 23b. DATE THE	REOF	234 NAME OF CEMETERY	OR CREMATO	RY	23d LOC	ATION (City or To	wn)	(County) ((State)
REMOVAL (Special Burial	7/19/	1967	Bethel			Was	hington	Count	Md.	
24 FUNERAL DIREC			ADDRESS		2Sa REC'I	BY REGISTRA	AR 25b RE	EGISTRAR'S S		L/L
Noli	THE G. SIL	28	Waynesho	ro. Pa	DATE ILL	1 2 1	1967 %	MAN	Dank Da	-

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attention and campletely filled in by the fineral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, with a 22 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a VIII A15 (4) 25M 1/67

Page 4 may be refained by the hospital ar attending phymician.



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K.

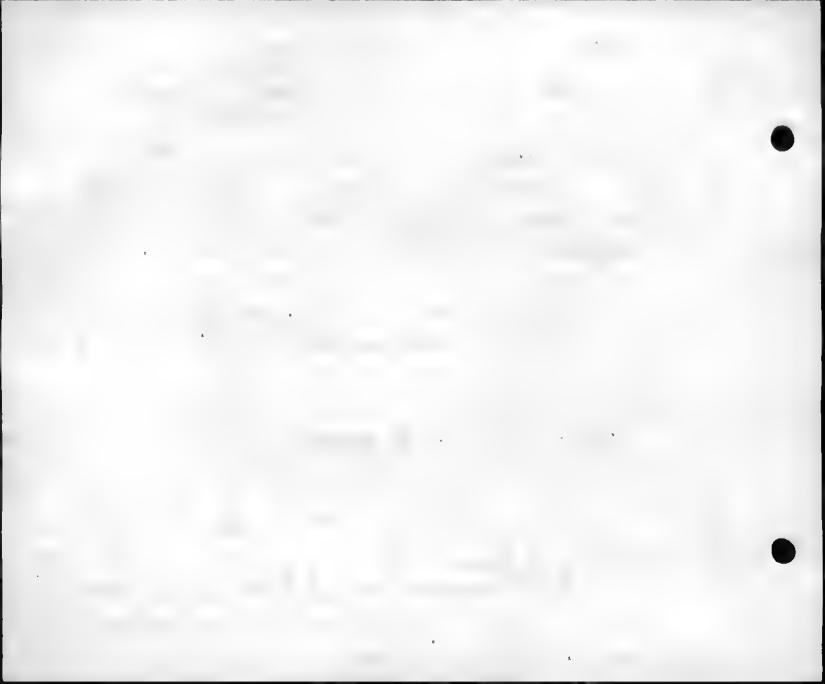
Coffman Funeral Home

CERTIFICATE OF DEATH

20219			
1 PLACE OF DEATH		IDENCE (Where deceased lived, if instr	
Washington	MARYLAND O. STATE	na. Fran	WNIY Ralala
b CITY OR TOWN (If outs de corporate l'mits, c LENGTH		WN (It auts de corparate limits, write l	
write RURAL and give nearest tawn) Hagerstown	Years Wa	ynesboro	
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street ad		<u> </u>	e IS RESIDENCE ON A FARM?
Jackson Conv. Home	423	West Sixth St	YES NO
3 NAME OF FIRST A	hidde cost	O.C.	onth Day Year
(Type or print) MINNIE MAE	HARP	DEATH JULY	29 1967 19
	MARRIED 8 DATE OF BIR	last hirthday)	Months Days Hours Min.
Female White WIDOWEDKE	DIVORCED Jany 9	2012	
100. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b Kind OF BUSIN INDUSTRY		E (Caunty & State or fareign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife Own Ho		ena Wash Co Md	USA
13 FATHER'S NAME		MA. DEN NAME	
Luther Lumm		McKinsey	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. pr unknown) (If yes give wor ar dates of service) None			dress
No None			erry Ave
18. CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and PART I, DEATH WAS CAUSED BY.	(q) Hager	stown Md.	INTERVAL BETWEEN ONSEL AND DEATH
IMMEDIATE CAUSE (II)	FILLACHA		2 Days
DUE TO			
Conditions, if ony, which gave (b)			
stoting the underlying cause DUE 10			
ost. (c)	Tunk African Ro to Parish	The court of the c	I 19 WAS AUTOPS Y
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF THE PART OF T		SEASE CONDION GIVEN IN PARTITO)	AEZ WO SELECTION WAS VOLOSEN
200 ACCIDENT WAS LINDERLYING 20b DESCRIBE HOW		injury in Part I ar Part I of item 18)	
20c TIME OF N.URY Month, Day, Year 20d NJURY OCCUR	4		(County) (State)
Hour o.m. While Not W	hile foctory, street, office	bidg., etc.)	
21. I certify that (1) (this hospital) attended the de	ceosed from 2047	27, 19 62, to JUL	729, 1967, that (1) (we) last
saw the deceased alive on Jucy 28 19	G.Z., and that deoth occu	rred of 42-2M, from couse	s and on the date stated above.
220 SIGNATURE	ATTENDING	MED STAFF	22b DATE SIGNED
(C) J. Cymon, h	M.D. PHYS.	DIRECTOR L. PHYS	1761,176/
22c. PHYSICIANS NAME (Type) W. T. LAYMA	J, M.O 5 7	BLIC SYVAR	+ 496 CRSTUNU, MO.
	E OF CEMETERY OR CREMATORY	23d LOCATION (City or	Town) (County) (Stote)
REMOVAL (Specify) Burial 8/1/67 Ros	e will Cemete	ry Hagerstow	m Wash Co Md
24 FUNERAL DIRECTOR Hagerstown Md. ADI	ORFSS **	ISO RECO BY REGISTRAR 256	REGISTRAR'S S GNATURE
Andrew K. Coffman Funeral	mama Inc	AUG 2 1967	junarles judges

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hiers after death and campletely filled in by the fur remore turban papers. Pages in any eyent, within 72 haurs after 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and Page 4 may be retained by the haspital ar attending physician.

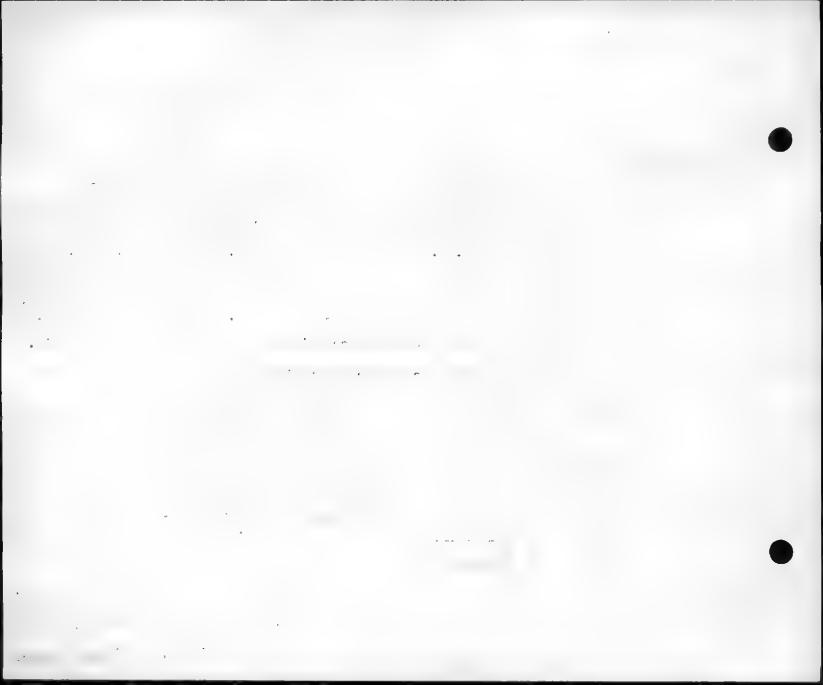


10173

CERTIFICATE OF DEATH

L.	70-			421(11111		OI WEATIN					
1	PLACE OF DEATH					2 USUAL RESIDENC	E (Where dec			ence before odmis	sion)
	o. COUNTY	WASHINGTON		MARYL	AND	o. STATE	RYLANI		COUNTY	ASHINGTO	M
-		f outside corporate limits,	C.	. LENGTH OF STAY IN		c CITY OR TOWN (If	the Asset Services				A
	HAGER	give nearest town)		49 YEARS	5	на	GERST	TAIN		21	
-		L OR INSTITUTION (If nat in h	iospital, give	/		d. STREET ADDRESS	COLINO E	71127		e IS RE	SIDENCE
	1041	GEORGIA AVENI	HE.			10	41 GF	EORGIA A	AVENUE.	YES	FARM?
3	NAME OF	First	<u></u>	Middle		Lost	4. DATE		Month	Doy	Year
	(Type or print)	EDGAR		CHARLES		HELMAN	OF DEA	ir ai	ULY	7. 1	9 67
S.	SEX		ARRIED X	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In yes	ars IF UNDE	R 1 YEAR IF UND	ER 24 HRS.
	MALE	WHITE W	IDOWED [DIVORCED	F	EBRUARY 24	1902	lost birthdo	ry) Months	Doys Hours	s Min.
	o. USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (Cour				CITIZEN OF WHAT	
F	ring most of working	TNTATNANCE &	W MD	RATIROA	D	FRANKLIN	CO. F	PENNSYLA	VANTA.	U.S.A.	
13	. FATHER'S NAME T	MAYS DEPT.	11 12 14	14412.004.011		14 MOTHER'S MAIDE				0 0 0 0 1 1 0	
	TVA					CHARLOT	TE HE	LMAN			
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		IAL SECURITY NO	17 I	THEMMETARM	200		A4041 G	EORGIA A	VE.
[A	es, no, or unknown)	(If yes give wor or dates of serv ***	705_	10-5786	MR	S. VIRJINI	A H. F			TOWN MI	
-	18 CAUSE OF DE	ATH (Enter only one couse per							2122	INTERVAL E	ETWEEN
	PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (6)	Acute	Coronary	r Oc	clusion				ONSET AN	DEATH
	4701	DUE TO									
	Conditions, if any,		Ather	oscleroti	c h	eart disea	se			Unkno	WIL
	rise to immediate										
	last	(c)_									
I z	PART II OTHER SI	SNIFICANT CONDITIONS CONTRI	BUTING TO D	JEATH BUT NOT RELA	FED TO 1	HE TERMINAL D SEASE	CONDITION G	IVEN IN PART 1(0)	19 WAS AU PERFOR	
Iğ										YES 🔲	№ 🔽
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING		20b. DESCRI	IBE HOW INJURY OCC	URRED.	Enter noture of injury	in Port I or I	Port II of item 1	8.)		
E GE	(IF EITHER, NOTIFY										
MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yeor				E OF INJURY (Home, fory, street, office bldg., e		(City or tow	vn) (0	ounty)	(State)
¥	p.n	10	of work	Not While of work	TOUR	ory, sineer, ornice blog., e	eic.)				
	21 certif	y that (I) (this chespitel)) attended	the deceased fr	rom Ji	ıly 7	, 19 67	to July		<u>67</u> , that (I)	
	saw the de	ceased alive on)	19, ar	nd that	death occurred	013:12	M, from cou		the date stat	ed obove.
	220 SIGNATURE) I	,	70		ATTENDING	MED	STAFF		DATE SIGNED	
		U Ja Cay	man	mo	M €		DIRECTOR	PHYS.	L J	ULY 8, 1	.967
	22c. PHYSICIAN'S NAME (Type)	WILLIAM T.	LAYMA	N. M.D.		PROFESSI	ONIAT A	DITC DIT	YC WALL	ED COLONI	MD.
_											
23	o. BURIAL CREMATIC REMOVAL (Specify BURIAL	N, 236 DATE THEREOF	1	23c. NAME OF CEMETI				LOCATION (City		(County)	(Stote)
-	A. FUNERAL DIRECTO			REST HA	VEN	CEMETERY,	EC'D BY REGI		N REGISTRARS	I.CO. MD	•
1 4	CHARLES		I A DED C	TOWN. MAR			LC U BT KEGI	4 1967		SIGNATURE	
		M. ROUZER. H	MI WOC	THE RESENT MARKED	WIAR	IT) . I DATE	775 4	- E (UL)/	N L	THE SA MAR	- C - C - C - C - C - C - C - C - C - C

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the bur al-transit permit. Then please remove carbog papers. Page should be filed with the State Dept, at Health prior to burial, cremation, ar removal, and in any event, which 72 hours a Page 4 may be retained by the haspital or attending physician.



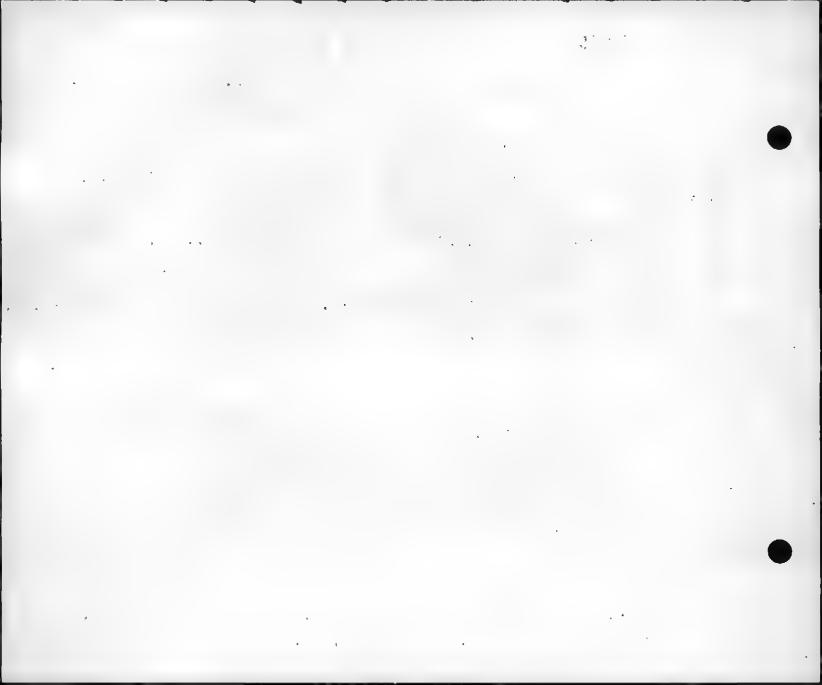
MARYLAND STATE DEPARTMENT OF HEALTH LTIMORE & OAK FLAND DIVISION 10174

ĮΝ	UL	STATISTICAL	KESEAKUH AND	KEGUKDS,	301 44.	LKE210M	SIKEE!,	BAL
7 4	4		CEDI	TIFICATE	OF	DEATH		
7	X .		GERI	IFILMIE	. Ur	DEALIT		

1.	PLACE OF DEATI	1				2. USUAL RES	IDENCE (Whe	re deceased lived, If In	stitution: Re	sidence before admission)
	a. COUNTY	Washing		MARYLAN	1D	a. STATE	Md.	b. COU	Wa.	sh.
	b. CITY OR TOW	N (If outside corporate III and give nearest town)	,	ENGTH OF STAY IN	1b	c. CITY OR TOW	/N (If outside	corporate limits, w	rite RURAL	and give nearest town)
	Hagers	town	4	3 years		Hager	stown		,	
	d. NAME OF HOS	SPITAL OR INSTITUTION (I	not in hospita	il, give street addr	'ess)	d. STREET ADD	RES\$			e. IS RESIDENCE
	Washin	gton Count	y Hosp	ital		1260	Raven	swood Hg	ths	ON A FARM? YES NO NO
3.	NAME DF DECEASED	First		Middle		Last		ATE Mont	h	Oay Year
	(Type or print)	F1oyd		House	Hi	ghtman	0.00	EATH J1	uly 1	5, 1967
5.	SEX	6. COLOR OR RACE 7.	VIARRIEO K	NEVER MARRIEO	8	. OATE OF BIRT	Н	9. ACE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS.
	male	white w	100WE0	DIVORCED	5	10-25-1	900	last birthday) 66 yrs.	Months	Days Hours Min.
1Da	USUAL OCCUPAT	ION (Cive kind of work done ing life, even if retired)	IDb. KINO O	F BUSINESS OR		11. BIRTHPLAC	CE (County &)	State, er foreign countr	y) 12. CI	TIZEN OF WHAT
4	letter	carrier	post	office		Frede	rick	Co., Md.	001	DRIKII
13.	FATHER'S NAM		-		-	14. MOTHER'S	MAIDEN NAN	ME		
		Cecil Hi	ghtman					Mary Hou	ISe	
		EVER IN U.S. ARMED FORCE		AL SECURITY NO.	17.	INFORMANT		Addre	SS	
(Ye	no, or unkown)	(If yes give war or dates of serv	220-	42-5934	Mr	s. Paul	ine H	ightman,	Hage	rstown, Md.
1	18. CAUSE DF	DEATH [Enter only one ca	use per line fo	r (a), (b), and (c).]		· · · · · · · · · · · · · · · · · · ·				INTERVAL BETWEEN
- 1	PART I. DE	ATH WAS CAUSED BY:	MYGC	JAIDSA.	7_1	HEMICTI	S-cl			ONSET AND DEATH
ı		IMMEDIATE CAUSE (a)_	11				- 1			
-1	Conditions, If	DUE TO	Anne	لان 2 در خرده		115-0-	7	e		Yas
- 1	gave rise to		17610	C102CCC00	1.10	i rechic:	0,364	., .		1.00
	cause (a), si	NUE TO								
_	underlying caus	/								
100	PART II. OTHER S	SIGNIFICANT CONDITIONS	ONTRIBUTING	TO GEATH BUT NOT	RELAT	ED TO THE TERM!	INAL DISEASE	CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMEO?
2	CERCIA	VASCULAR TIM	21200 mm	- Ue	Em.	14				YES NO.
CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING AND CAUSE OF DEATH					ure of injury	In Part I or Part II	of Item 18.)	
CE	(IF EITHER, NO	TIFY MEDICAL EXAMINER)								
K	2Dc. TIME OF	NJURY Month, Day, Year	20d. INJURY			E OF INJURY (Ho		Of. (City or town)	(Cour	nty) (State)
MEDICAL	Hour a.n		While, page	TOE WITHE	factor	y, street, office bl	dg., etc.)			
Σ	р.г			at work					201	7
		y that (I) (this hospital					4 1 14	to is July	-	that (I) (we) last
		ocaseu onre un	שערץ	19 <u></u>	that	death occurred	at CO - CT N	II, from the causes		e date stated above.
	228 SICNATUR	RE &				ATTENDING -	MEO.	STAFF	1	TE SIGNED
- 1		Mark			M.D.	PHYS. 🗠	DIRECTO	OR PHYS.	177:	124 PJ
	22c. PHYSICIA NAME (Ty		NDEN			22d. ADDRE 218 N	. Peron	112 ST. H	المرة نجرة	GW Masor
233	. BURIAL CREM	ATION, 23b. OATE THE	EOF 230	. NAME OF CEME	TERY	OR CREMATORY	23d	. LOCATION (City, 1	own or cou	nty) (State)
	BUTTAT	7-18-6		edar Law				Hagerstov	_	
24	. FUNERAL DIRE			ADDRESS		25a				SICNATURE
		h Funeral	Home, J		Wn	, Md.	IUL 19			Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 4 Tours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath martificate by executed mithin Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



III cith.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10175

CERTIFICATE OF DEATH

4	^		ツウ
	ι,	1	0 /4

b. COUNTY

Frederock

Month

Address

IF UNDER 1 YE

12 CITIZE

COUN

(County)

226 DATE SIGNED

(County)

21701

Months

July

AGE (In years

lost birthdov)

(City or town)

PHYS

23d LOCATION (City or Town)

Frederick, Md.

1965, 10 7-10

DIRECTOR

JUL 19 1967

Frederick

Market

4 DATE

OF

DEATH

223 So

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, il institution, Residence before admission) o. COUNTY in 72 haurs after washington
b (ITY OR TOWN (It outs de corporate limits,
write RURAL ond give nearest town)
Willlamsport Maryland after MARYIAND the c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) 24 haurs Yrs .5 d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS filled Homewood Church Home Inc emmcuted within NAME OF Middle DECEASED BLANCHE ESTELLE (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Female Whi te WIDOWED DIVORCED and rebv. 11 BIRTHPLACE (County & State, or foreign country) 100 LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR during most of working life even if retired)

Book keeper +NDUSTRY g physician (or remaval, and Frederick Frederick certificate 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Lewis M. Laura V. Stalev Hildebrand 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) -10-1811pev Mark G. Wagner signed by the atter burial-transit permi burial, crematian, o NO 18. CAUSE OF DEATH (Enter only one cause per line for (o) PART I DEATH WAS CAUSED BY that IMMEDIATE CAUSE (o) by 443X DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO far use as me u f Health priar to b stating the underlying couse been s attending has PART II OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING FO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port Lof Item 18) OR CONTRIBUTING ETICALISE OF DEATH r this certif detached (IF EITHER NOTIFY MEDICAL EXAMINER) director, page 3 should be detache shauld be filed with the State Dept MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, orm Hour om. loctory, street, office bldg., etc 1 Not While of work pe 21 I certify that (1) (this haspital) attended the deceased fram. be retained 19 67, and that death accurred at 4 M, fram causes and an the date stated above DIRECTOR: saw the deceased alive an 220 SIGNATJRE ATTENDING 22c PHYS CIAN'S 22d ADDRESS O HOSPITAL TO FUNERAL NAME (Type) 07777 ad 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specily) Mt. Olivet Cemetery July 19-1967 24 FUNERAL DIRECTOR M.R. Etchison & Son Frederick, Md.21701

		U	Ν.,	A r	AK			4
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D	оу			Уθ	ar			
6	7			19				
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196 7, that (i) (we) last

7-10-67

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CERTIFICATE OF DEATH

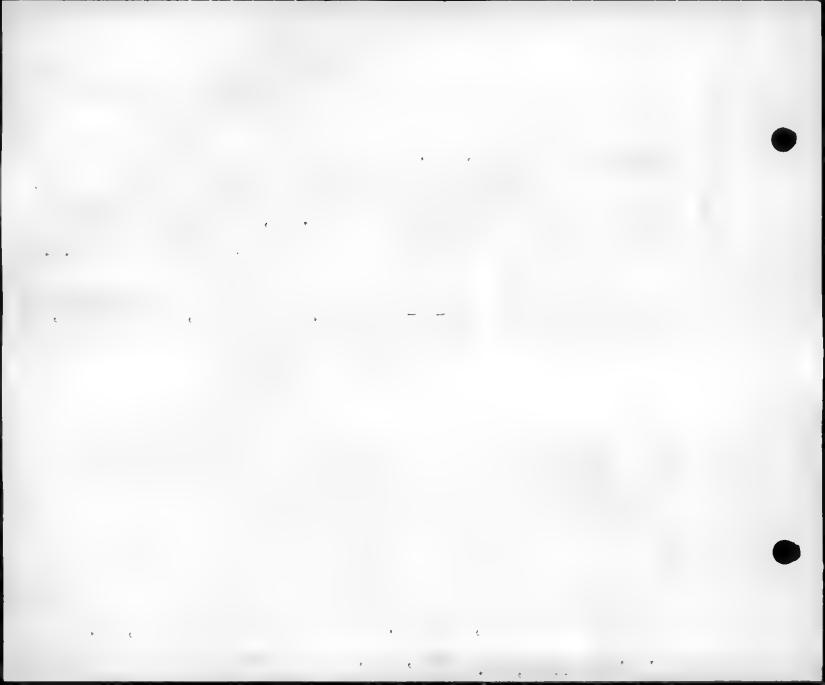
19173

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
o COUNTY Washington MARYLAND	o. STAME aryland Baltimore
b CITY OR TOWN (1 outside corporate limits. C. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
_write RURAL and give nearest town)	
Williamsport 1 Yr-2mos d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address)	Baltimore d STREET ADDRESS e IS RESIDENCE
Homewood Church Home, Inc.	5709 Woodcrest
3 NAME OF First Middle	Lost 4 DATE Month Doy Year
DECEASED	F MAN DEATH JULY 21 1967
AND A STATE OF THE	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
THE REAL PROPERTY OF THE PARTY	Mar 14 1876 Sl yrs Months Doys Hours Min
100 USUAL OCC., PAT ON (Give kind of work done) 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Store, or formin country). 12 CITIZEN OF WHAT
dut.na most of working life, even if retired) Domestic Housekseper	Pittsburg, Alleghany Cty U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hoffman	Helena Hogge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. I (Yes, no, or unknown) (If yes give wor or dotes of service)	NFORMANI 2750° Virginia Ave
no = 312-32-2294A R	ev. Mark Wagner, Williamsport, Md
IB. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN GNSEY AND DEATH
IMMEDIATE CAUSE (0)	e P. V. Dris 15 yes.
Conditions if any which save >	0 1/10:
I rise to immediate consector	e e . V. Dres 15 400.
stoting the underlying couse	
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	PERFORMED?
200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED	/Soter nature of unuru in Port Lor Port II of Ham 19)
GR CONTRIBUTING CAUSE OF DEATH	(Enter nature of Injury in Port I or Port II of Item 18.)
20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLAC	CE OF NJURY (Home, form 20f. (City or town) (County) (Stote)
p.m. of work LJ of work LJ	ory, street, office bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased from	7-15 . 1963, to 7-21, 196? that (I) (we) last
	death accurred at 10 M, from causes and an the date stated above.
220. SIGNATURE Collect P. Comad M.D.	ATTENDING - MED STAFF
22c. PHYSICIAN'S ROBETT P. COZZINA	22d ADDRESS Hagestrer Ma
230 BURIA_CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR C	CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
- PEMOVA (Specify)	
Burial July 34, 1967 Mt. Oliv	ret Cemetery Baltimore Md. 250 RECD BY REGISTRAR 256 REGISTRAR S SIGNATURE
A. K. Coffman Funeral Home, Inc.	DATE JUL 28 1987 finances guages
nagers town, Md.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Perheral director, page 3 should be detached for use as the buriol-transit permit. Then please reprove colon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in day quent, within 72 hours after death. VR A15 (4) 25M 1/67

IO NO PITAL OF ATTERING MYSICINA. The law requires that the death certificate ... xecuted within 24 hours

Poge 4 may be retained by the hospital or attending physician.



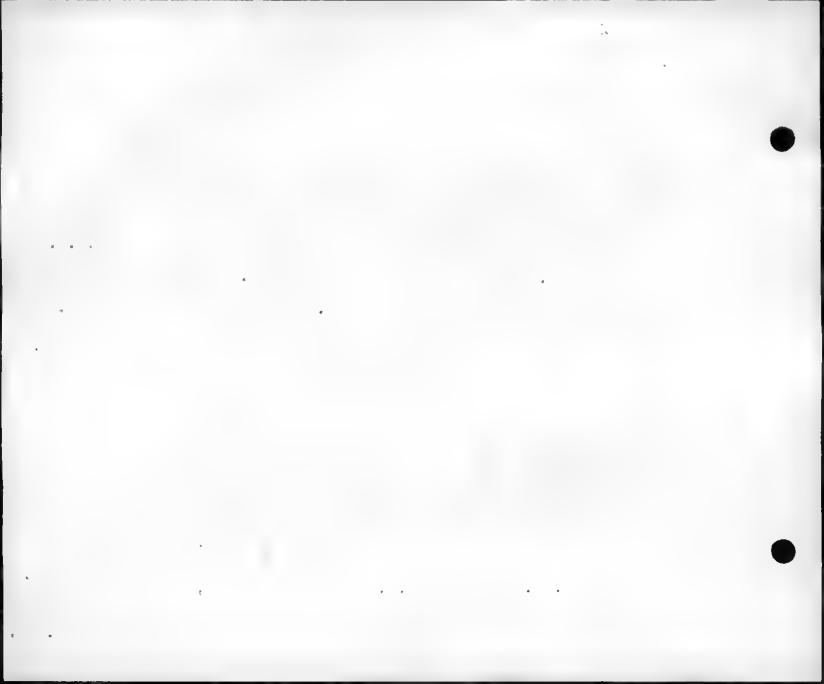
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10174

E 27	_		
offer death	1.	a. COUNTY WASHINGTON MARYLAND O STATE MA	RYLAND b COUNTY WASHINGTON
N O N		b CITY OR TOWN (1 outside carparate limits, HT CERSTOWN'S town) C LENGTH OF STAY IN 16 C. CITY OR TOWN (IF	autside carparate limits, write RURAL and give neorest town) AGERSTOWN
rin 24 ho filled in papers thin 72 h		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL d STREET ADDRESS 15 BRI	GHTWOOD CIRCLE O IS RESIDENCE ON A FARM? YES NO X
completely fi		NAME OF DECEASED (Type or print) CHARLOTTE BLANCHE HORN	4. DATE JULY 25 Day Year 67
e execute	Ĺ	FEMALE WHITE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 2/10/18	17-2
sicial on please on in it, and in	dur	during PROVISE WHITE H retired) NHOKE MARYL	
ing physi Then pl			E. BAUGHMAN
e death certificate ottending physicial permit. Then pleos ion, or removal, and	15 (Y)	15 WAS DECEASED EVER IN U.S. ARMÉD FORCES? (Yendor unknown) (If yes give war ar dates of service) NONE 17 INFORMANT MRS • PATRI	CIA MYERS MD.
into the death certificate be executed within 24 hoursian. I by the ottending physicial and completely filled in by the ottending physicial and completely filled in by transit permit. Then please seasors corbon papers Paremotion, or removal, and in any event, within 72 hours		1B. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c) PART I DEATH WAS CAUSED BY CORONARY OCCUSION MMEDIATE CAUSE (a) CORONARY OCCUSION DUE TO	ONSET AND DEATH
w requires ling phys c eem signed the bur ol-		Conditions, fony, which gave rise to immediate couse (o), stating the underlying cause lost. (b) Hypertensive cardiovase arteriosclerotic	cular disease, Indefinit
the for attentation of the state of the state of althouse of althouse of the state	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART I(a) 19 WAS A TOPSY PERFORMED? YES NO
rSician ospital c certificat hed for it of Hes	L CERTIFICATION		in Part I or Part II of item 1B)
VG PHY / the he er this a detact ate Dep	MEDICAL	p.m. 17 of work 🗀 at work	tc.)
ined by OR: Afth		21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an ULY 25 19 07, and that death accurred in	19 45, ta JULY 25, 1907, that (1) (we) last
OR AT be reto IIRICT ge 3 sh led with		22a. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN'S 1 22d. ADDRESS	MED DIRECTOR D PHYS DATE SIGNED 7/26/67 DIRECTOR D PHYS DATE SIGNED 7/26/67 L48 West Washington St.
FOGIL 4 may be forestory poggs should be file	-	NAME(Type) B. B. Kneisley, M.D. Hage:	rstown, Maryland
Pogil 4 m To RUNERA director, should be	L	23d. BURIAL, CREMATION, REMOVAL SUBJECT 14FROF 23c. NAME OF CEMETERY OR CREMATORY 7/27/67 ROSE HTLL CEM 24 FUNERAL DIRECTOR 25 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ROSE HTLL CEM 25 REMATORY 26 PUNERAL DIRECTOR	23d LOCATION (City or Town) (County) (Stote) C'D BY REGISTRAN TO THE REGISTRANS SIGNATURE
VR A15 (4)	11	24 FUNERAL DIRECTOR 250 RE	



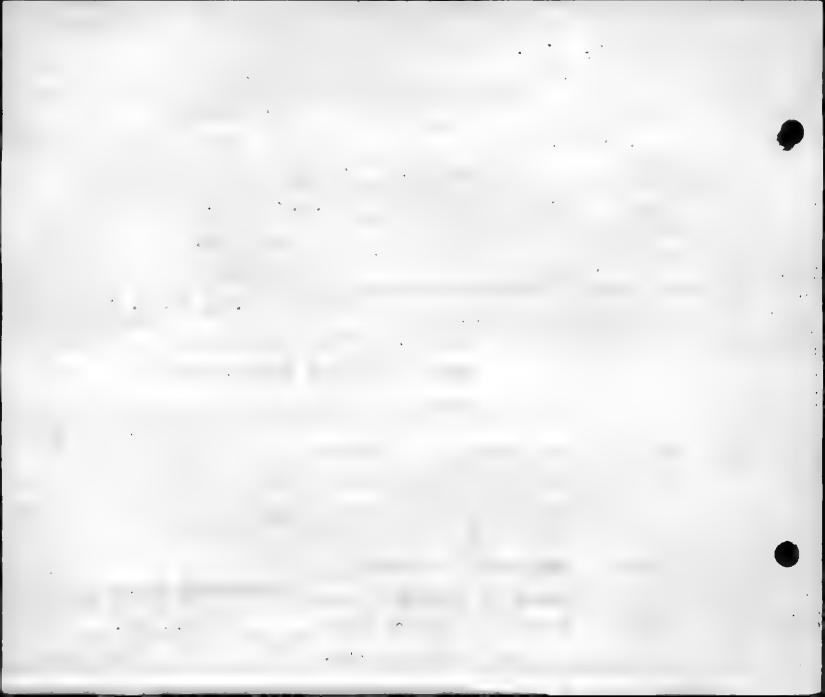
FIR STATE DEPUTY III ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1-				
1,	PLACE OF DEATH . COUNTY Washington MARYLAND	a. STATE Mas		nstitution: Residence before admission) Y Bristol
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)		f outside corporete limits, write	RURAL and give neerest town)
	Fort Ritchie		h Dighton	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	U.S. Army Dispensary	707 Green	Acres	YES NO X
3.	NAME OF First Middle DECEASED	Lest	4. DATE Month	Dey Year
۱,	/(Type or print) JANE CHAMBERLAIN	Horton_	DEATH 7	3 1967
1	The state of the s	DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS.
	emale White WIDOWED DIVORCED	Apr.18, 1900	67 st birthday)	Months Days Hours Min.
10	to. USUAL OCCUPATION (Give kind of work one during most of working life, even if settred)	Y 11. BIRTHPLACE (State	or foreign sountry)	12. CITIZEN OF WHAT COUNTRY?
	Companion		m, Mass.	USA
13	. PATHER'S NAME	14. MOTHER'S MAIDEN		
	Arthur Webber	Ada Ch	amberlain	
15 (Y	es. ne. or unkown) ! (ffyes give warpr dates of service)	NPORMANT	Address	
	no Doi	nna Lee Horto	on, Bldg 469, Ft	t. Ritchie, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COVONAYY	Thrum bas	299	STUDGE H
1	DUE TO			
	Conditions, if ony, which) (b) AVTEVIUSCI	em to cor	nia milantoni	Themas
	Seve title 10 1mmediata Cante	TOUR LONG	variety teterzezy	40113
	(e), stating the undarlying DUE TO		,	·
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART YOU 19 WAS AUTOREY
15	The months of the second of th	A semberation and large distantial	THE PROPERTY CONTOUR SITE	PERFORMED?
15	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED.	Alkalan and taking to the	and I are Point III of Street 10 1	YES NO [
CERTIFICATION	PRIMARY OF CONTRIBUTING OCCURRED.	(true) thanks of rules in the	and to be be in the state of	
MEDICAL		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
18	Hour e.m. While Not While fects	ory, sileer, onice blog., etc.	1	
	21. I certify that I took charge of the remains described above, he	ld an Autopsy XI.	Inspection . Inquiry	and in my opinion
	death resulted from. Natural causes VI. Accident T. Suici	de . Homicide	Undetermined ma	
П		CHIEF MEDICAL E	_	
	SIGNATURE HOUSE 4. Wooln		CAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL	EXAMINER X 72 Has	11/4/67
22	NAME (Type) HOWA W. LEES 8. SURIAL CREMATION 22b. DATE THEREOF 22c. HAME OF CEMETERY OR		22d. LOCATION (City, lown,	or county (State)
	REMOVAL (Specify) Burial 7/8/1967 Colebrook Ceme		Rehoboth, Ma	
23	FUNERAL DIRECTOR ADDRESS	-	D BY REGISTRAR 246. REGIS	
	4. Marlin SE Waynesboro, Per	7.11		harles Judge
I .Sur				

VR ATSME 5M 1/63



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

131

10170

FOR STA HEALTH-B

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funera director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3 Jegs

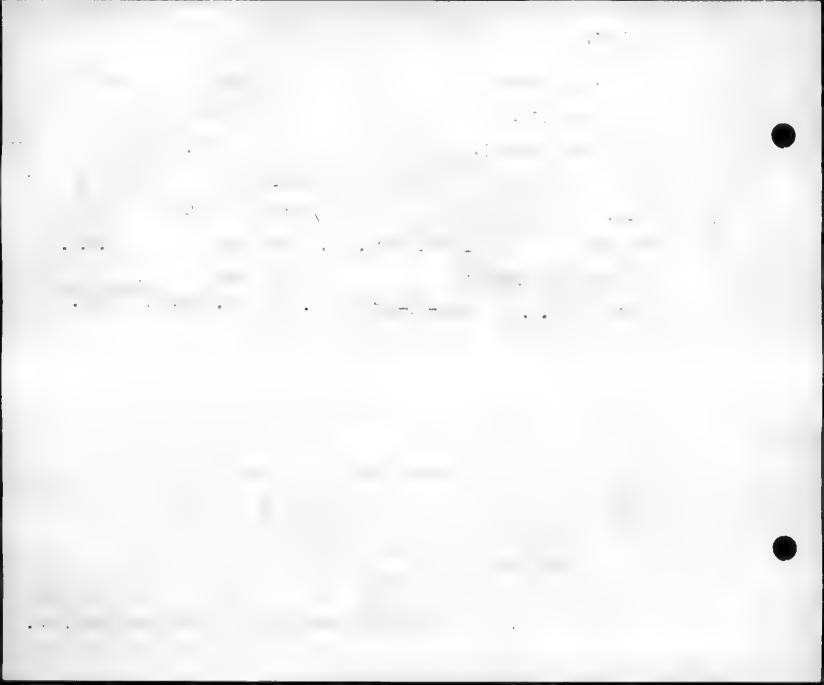
IN DIPHIY MEDICAL EXAMPLER: This certificate should be emecuted within 24 hours after death if

202.0	U	MEDICAL EXAMINER'S	CERTIFICATE C	DE DEATH		
1. PLACE OF DEAT a COUNTY	WASHINGTON	MARYLAND	2 USUAL RESIDENCE (o STATE MAR	Where deceased lived, if YLAND	institution, Residence to COUNTY WAS	
RURAL	HAGERS TOWN	C LENGTH OF STAY IN 10	HAGER	utside corparate i m ts, w STOWN	rite RURAL and give	nearest town)
		(CHARLES MILL)	d STREET ADDRESS 525 RID	GE AVE.		B IS RESIDENCE ON A EARM? YES NO
3 NAME OF DECEASED (Type or print)	JAMES Eirst	GRANT IAN	HOWELL	4 DATE OF DEATH	JULY	28 19 67
MA LE	6 COLOR OR RACE WHITE	MARRIED NEVER MARRED DYORCED DYORCED	8 DATE OF B RTH 8/6/1918	9 AGE (In 1		YEAR FUNDER 24 HRS Days Hours Min
100 USUAL OCCUPAT	10N (Give kind of work done te even if refired)	TEXT LE MF G.	CO. MARY	or foreign country)		ZEN OE WHAT
13 FATHER'S NAME	AMILTON HOW	ELL	14. MOTHER'S MAIDEN NEVA G		HAGER	STOWN
	EVER IN U.S. ARMED FORCES? (If yes give war or dates of s W • W • #2		MRS. HELE	N B. HOWE	Addente	MD.
	DEATH (Enter only one couse EATH WAS CAUSED BY. IMMEDIATE CAUSE (o	per line for (a), (b), and (c).) Drowning				interval between staden
	7 U DUE 16 ny, which gave) (6					
	derlying couse DUE TO					
PART II OTHER	5 GNIFICANT CONDITIONS COM	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO	NDITION GIVEN IN PART	1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 EXTERNAL PROPERTY CAUSE OF DEAT	CAUSE WAS CONTRIBUTING	206 DESCRIBE HOW INJURY OCCURRED	To check ?	~	18)	
	NJ.RY Manth, Day, Year	147b-1- N 147b-1	ACE OF IN. ARY (Hame form tary, street, affice bldg, etc.)	n 20f (City or 1	own) ((GJ) town Was	
	tify that I took charge	of the remoins described obove, ricouses , Accident 🛣 Su	neld on Autor 📑			and in my opini
ACTUAL SIGNATURE	Downel	U Weeks	CHIEF MEDICAL	EXAMINER C		7/31/6 22. DATE SIGNE
EXAM NER'S NAME Type)		Weeks, M.D.	Address (Stree	AL EXAM NERX 5	Hagerst	own, Md.
230 BUR AT REMA	PAL 7/31/0		R CREMATORY N MEM. PAR		TOWN WA	ASH • MD •

VR A15ME

5 may be retained far yaur files.

1967^{25b}



10180

CERTIFICATE OF DEATH

e IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

minutes

Recent

(County)

22b DATE SIGNED

7-26-67

19 WAS AUTOPSY PERFORMED?

Wash Co

(Stote)

12 CITIZEN OF WHAT

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ved, if institution. Residence before admission) Washington o. COUNTY Washington

b CTY OR TOWN (If outside corporate antis, write RURAL and give nearest tawn) MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 Davs Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 425 Indiana Ave Washington County Hospital 3 NAME DE Middle Last 4 DATE DECEASED SUSIE HIVLEN HULL DEATH July (Type or pr.nt) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years last birthday) DIVORCED | 0ct 30 1892 signed by the attending physicion and ca burial-transit permit. Then please remar burial, cremation, ar remaval, and in any. WIDOWED T White Female! 11 BIRTHPLACE (County & State, or foreign country) Md 10a, USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
HOUSEWIFE Own Home Clear Spring Wash Co 14. MOTHER 5 MAIDEN NAME 13. FATHER'S NAME Archibald McAllister Emma guffacool 16 SOCIAL SECURITY NO. 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Gilbert P. Hull 425 Indiana Ave None Hagerstown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Pulmonary Embolus DUF TO Conditions, if ony, which gove Arteriosclerotic Cardio Vascular Disease With rise to immediate couse (a), Cardiac Decompensation. stoting the underlying couse as been as the prior tal PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) After this certificate h I be detached far use State Dept af Health 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) While of work of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from July 14. , 19 67, to July 25. , 1967, that (1) (we) last 19 67, and that death accurred at 10;50M, from causes and on the date stated above. sow the deceased alive an July 21. 22o, SIGNATURE PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto, Jr. Hagerstown. Md. 23d LOCATION (City or Town)Md. 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) St Pauls Cemetery near Clear Spring Hagerstown Md 2So REC'D BY REGISTRAR VR A15 (4) K. Coffman Funeral Home Inc 25M 1/67

certificate death OR ATTENDING PHYSICIAN: TO HOSPITAL

Month

Address



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1

10181

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institut on Reside	ce before odmission)
a COUNTY WASHINGTON MARYLAND	STATE NEW YORK DENTY JE	FERSON
b CTY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA, and giv	
write RURAL and give nearest town) RURAL HANCOCK 1 DAY	ADAMS CENTER	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RES DENCE
INTERSTATE 70 I		YES NO X
3 NAME OF First Middle DECEASED TOWAT	Lost 4 DATE Month	Day Year
(Type or pnnt) LOTAL F.	HURLET DEATH JULI	24, 19 67
S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED	8 DATE OF 8 RTH 9 AGE (In years lost birthday) Months	Days Hours Min
MALE WHITE WOOMED X DIVORCED	AUJ. 23, 1886 80 yrs	
10a USUAL OC UPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 B.RTHPLACE (State or foreign country) 12 (1	TIZEN OF WHAT
MINISTER	GARWIN, IOWA.	U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
THEODORE S. HURLEY	EVA MAY DAVIS	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or yinknown) (If yes give wor or dates of service) 65-28-8/68	INFORMANT Address	
10 165-28-8168	MILDRED L BURT ADAMS CENTER 1	V.Y.
18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c))	_	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Compound skull	fracture	sudden
DUE TO		
Conditions, if any, which gave the property of the conditions of t		
staring the underlying cause DUE TO		
lost (c)		
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200. EXTERNAL CAUSE WAS PRIMARY STATE CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3)	PERFORMED? YES NO X
200. EXTERNAL CAUSE WAS PRIMAR XXI CONTRIBLING	(Enter nature of injury in Part I or Port II of Item 18.)	
	lision	
	Annual office bade and a	unty) (State)
12 noon 7/24 1967 While Not While His	tory, street, office bidg etc.) Route 70 W. o	f Hancock,M
21 I certify that I took charge of the remains described above he		and in my apinion
death resulted fram. Natural causes, Acc dent 🔀, Sui	Ne . Homicide . Undetermined monner .	
7// /2//	CHIEF MEDICAL EXAMINER	7/25/67
SIGNATURE SEWARD M. Weeks AW	MD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER S	DEPUTY MEDICAL EXAMINER 🔀 580 NORTH	
NAME (Type) HOWARD N. WEEKS, M.D.	Address (Street city, town or county) HAJEKSTC	
230 B RIAL REMATION, 23D DATE THEREOF 23C NAME OF LEMETERY OR		
REMOTAL 7/25/67 UNION CEMET		
24 FUNERAL D RECTOR ADDRESS	250 RECD BY REG TRAR 25t RE TRAR	A 13
CHARLES M. ROUZER, HAGERSTOWN, MARYLA	ND. DATE JUL 3 1 1967 Julian	1

FOR STATE HEALTH DERT. 2, mnd 3 to PM3 P.de uty delay is th the State Departmen the funeral director Page 4 slould be forwarded to the Chief Medical Examiner's Office along with form 'pending" in pencil in Item 18. Give Page≡ 1, TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours ofter death It 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used IIS a burial-transit permit file pages lond 2 with Health grior to burial, cremation, or removal, and in any event withm 72 hours ofter death necessary, please execute the certificate, writing the word

> VR A15ME (5) 6M 67



10182

CERTIFICATE OF DEATH

16179

			4-14111	47111	OI DEMIII				or off as Fr	
I. PLACE OF DEA	TH				2. USUAL RESIDENCE	(Where dere	ased lived if insti	tut an Reside	ence before od-	mission)
o. COUNTY			111000		c STATE	- 1	ь ((UNTY		
Washi			MARYL			Md.		Wasi		
	VN (If outside corporate I m L and give nearest town)	1175,	C LENGTH OF STAY IN	l lb	c CITY OR TOWN (If	autside carpa	irate I mits, write I	RURAL ond gi	ive nearest tov	vn)
Hagers			16 Months	5	Smiths	ourg		2	2, ,	
	OSP TAL OR INSTITUTION (IF	net in hospital, g	ive street address)		d STREET ADDRESS					RES DENCE
Garlock	Memorial Co	nvalesc	ent Hospita	1	20 West	Water	St.		YES	NO X
3. NAME OF DECEASED	AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON NAMED IN COLUMN	First	Middle		Lest	4 DATE		anth	Doy	Year
(Type or print)	Ele	nora		Id	nver	OF DEAT	н Ја	ıly	24	19 67
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AGE (n years			INDER 24 HRS
Female	White	WIDOWED	DIVORCED	HI.	Feb. 18. 18	386	last birthday)		Days Ho	ours Min
	ATION (Give kind of work don		ND OF BUSINESS OR	<u></u>	11 BIRTHPEACE (Coun				CITIZEN OF WH	AT
during mast of wo	king I fe, even if retired)		DUSTRY						OUNTRY?	
	ewife				Frankl		, Pa,		SA	
13 FATHER'S NA	TIE.				14. MOTHER'S MAIDER	MAME				
G	eorge Shank				Annie Sm	ith				
1S. WAS DECEASE	DEVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO	17 II	VFORMANT		Ad	ldress		
NO NO	wn) (If yes give war ar dates	27	8-30-9740	Rons	ald L. Itn	ver. H	iscerstor	m. Md		
)F DEATH (Enter only one co			3.014	A	^			N C INTERVA	L RETWEEN
PART I.	DEATH WAS CAUSED BY		11.01	no	A Ami A 10	1.1	Toute	10 List	9/45EI	
	IMMEDIATE CAUS	A Company	use ,	1	1 veno	uni	- The		1000	1000
Conditions 3		IE TO	toin	~ ~	a - 70. 6	in she	dere		700	links
	ony, which gave)	(b)	Lase .	// 60	erriq 8"	~~~~	- The		100	TRIVI,
	inderlying cause Du	IE TO	110	. 7	er to a so to	1	C		V	
lost.)	(1) Tell	cralege 6	sexta	ru //el	che	0			
PART H- OIH	ER SIGNIFICANT CONDITIONS	CONTRIBLE NG	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE C	ONDITION GI	VEN IN PART 1(a)		19 WAS	AJTOPSY
20g ACCIDEN	a la rasa	pourt	uber cul	mai	is - lar	2001	fed _		YES T	FORMED?
20g ACCIDEN	T WAS UNDERLYING		SCRIBE HOW INJURY OCC			n Port Lor P	art II of Item 183		[122 [
OR CONTRIBL	TING CAUSE OF DEATH	/	The contract of							
	TIFY MEDICAL EXAMINER)	201 11	THIRT OCC MARIN	NA. DIAC	COE BURRY ((not	Material Inc.	10		101-1-3
	HIJURY Month, Day, Year a.m.	20d If			E OF NJURY (Home for ry, street, affice bldg., e		(City or tawn)	(0	(anuty)	(State)
	p.m. 19	at war	c at work							
21. 1 c	ertify that (I) (this ha	i <mark>spita) atte</mark> nd	led the deceased f	ram		19.3 0	to 7-2	19	that ((I) (we) lo
sgw_th	e deceased alive an_	May-	24 1967, a	nd that	death accurred a	1:12	M, fram cause	es and an	the date st	ated above
220 SIGNA	URE		: (1)		. Tremolina . I .	//	67155	22b	DATE S GNED	
11/1	1111 744	مر ال	beard	M D	ATTENDING PHYS	MED D-RECTOR	STAFF PHYS	□ 17·	-25-	67
22c PHYSIC	ANS		4 4		22d ADDRESS	152	- Www	cacic	51-	
NAME ((YPE) Na ITEY	14	Mish dr	d-	Rela	your	lang-	ne.	una	
23a. BURIAL, CRE.	MATION. 23b DATE T	HEREOF	23c NAME OF CEMET	ERY OR C	REMATORY	J 23d	LOCATION (City or	Tawn)	(County)	(State)
REMOVAL (S	necify)						,	,		Md.
Burial 24. FUNERAL DIE		7. 1967	Smithsbur	R re		CD BY REGIS	thsburg	REGISTRAR S	Wash.	PIQ.
					1				may Ja	
Minnich	Funeral Home	. Smith	sburg. Md.		DATE	JUL 2	8 1967	1 Mills	THE WAY	

TO MODPITAL OR ATTENDING PRYNCIAM: The law requires that the death certificate be executed within 24 havrs after Meth. Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funded



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours alt death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 [4]

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

I. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Washington	eryland 6. STATE 6. COUNTY -
b. CITY OR TOWN (if outside corporate limits, c. LENGTH O	
write RURAL and give neerest town) Boonsboro Aug. 26	5-1961 Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	7
	ON A FARM?
Fahrney-Keedy Memorial, Home	4206 Loch Raven Blvd, YES NO X
DECEASED	OF
Ainte danc	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M.	
LAM	ORCED 0ct. 4-1875 91 yrs. Months Doys Hours
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12. CFTIZEN OF WHAT COUNTRY?
Housewife Home	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Kennedy	Sarah Chester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	
(Yes, no, or unkown) ((fyesgivewerordatesofservice)	Mrs. John R. Fogle Same
NO NONE 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), (c)	Mrs. John R. Fogle Same
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	The such - Continue - Drawnight - Com.
DUE TO	V
Conditions, if eny, which (b)	
(a), stoting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
TY TY	YES NO I
2D. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW IN.	JRY OCCURRED. (Enter neture of injury in Part I or Part If of item 18.)
☐ 20% ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIBE HOW IN. OP. CONTRIBUTING ☐ CAUSE OF DEATH OF IF EITHER, NOTIFY MEDICAL EXAMINER]	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCUR!	RED 2De, PLACE OF INJURY (Home, farm, 1 2Df, (City or town) [County] [Stete)
Hour a.m. While Not While	fectory, street, office bldg., etc.)
	eased from 200 age 2 1967, to Justing 26. , 1962, that (1) (we) last
saw the deceased alive on	, and that death occurred at 2 KrM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 7// SIGNED
J. W. he Jan	M.D. PHYS. DIRECTOR PHYS. 120/47
22e. PHYSICIAN'S NAME (Type)	22d. ADDRESS
J. W. LEVAN.	BOEVSELTS MARKLAND
	OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Siete)
REMOVAL (Specify)	klawn Baltimore Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRES	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Mitchell-Wiedefeld Home, Inc. 6500	
	DATUL 44 DOI Junion Cas Junior



10184

CERTIFICATE OF DEATH

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-2"	-	. 4	£.,	Á

e IS RES DENCE ON A FARM?

NO A

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IF UNDER 24 HRS

Hours

WAS AUTOPS) PERFORMED? NO

(Stote)

erdi PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 6 COUNTY WASHINGTON a COUNTY O STATE MARYTAND WASHINGTON MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURA, and give nearest town) WITH A GER STOWNOWN) 4 MOS. HAGERSTOWN d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS ≘. 1833 WASHINGTON COUNTY HOSPITAL WOODBURN DRIVE 3 NAME OF First Middle 4 DATE Month DECEASED JULY **JENNIE** DREW KELLUM (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR Josephir Indoy) 12/20/1888 WHITE FEMALE crematian, or remaval, and in any WIDOWED TY DIVORCED 10o JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT HOME. during most of working life even if refired) COUNTRY?S A WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOLLIE SIXEAS SAMUEL P. TOWLER Addre HAGERSTOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service) GARRIS MD. NONE MRS. MARY J. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse 00 last. hos PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c T-ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or fown) (County) Hour 'o.m. factory, street, office bldg., etc.). Not While at work After ot work 21. I certify that (1) (this haspital) attended the deceased fram. , and that death accurred at 5.45 PM, fram causes and an the date stated above DIRECTOR: saw the deceased alive on 22o. SIGNATURE MD PHYS DIRECTOR director, page shauld be filed 22c PHYSICIAN'S **ADDRESS** TO FUNERAL NAME (Type) DATE 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR (REMATOR) 23d LOCATION (City or Town) 7/26/67 FT. LINCOLN CEM. WASHINGTON 250 REC'D BY REGISTRAR VR A15 (4) 28

ofter death 21 haurs within requires that the death certificate be **HYSICIA** ATTIMDING

25M 1/67



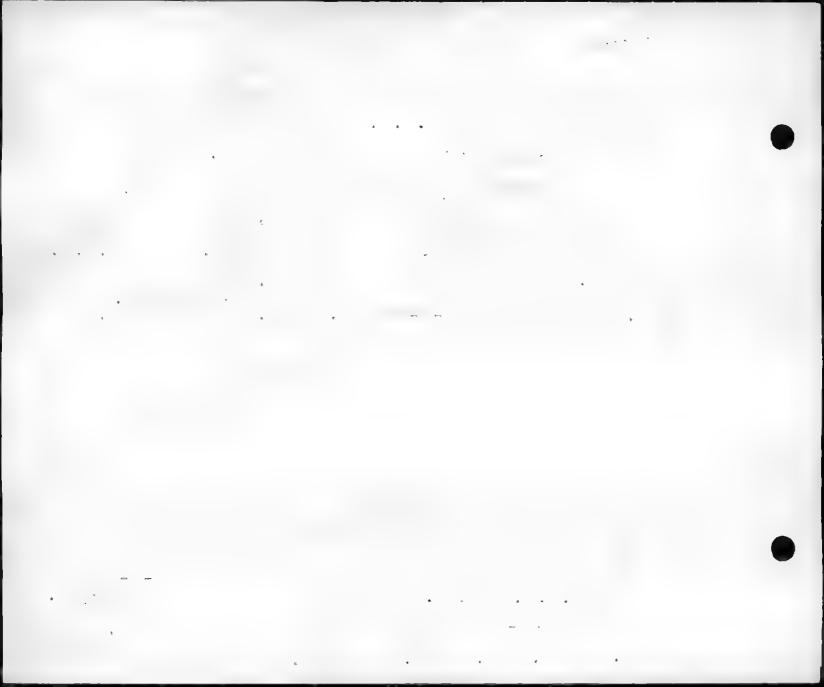
FOR STATE 10185

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1	PLACE OF DEATH					2 USUAL RESIDENCE	Where deceosed			before admission)
- 1	Teshington			MARY1A	ND I	o STATE Maryle	nd	b county Washi	notor	1
	CITY OR TOWN (If au	side cornorate mits	-	C LENGTH OF STAY IN	1	CITY OR TOWN (f o				
	write RURAL and give	e neorest tawn)						11. 72, 71110 110	4	4 4
_	Hagerstown			D. O. A.		Hagers	town			T of betteriot
	NAME OF HOSPITAL O	R ASTITUTION (If not	in haspital, g	ive street oddress)	į.	d STREET AODRESS				e IS RESIDENCE ON A FARM?
	Washington	County H	ospita	1	i	130 Rs	y St.			YES NO
	NAME OF	Firs		Middle		Last	4 DATE	Month		Day Year
	DECEASED (Type or print)	Fredd	ie	Fahrney	Kn	odle	OF DEATH	July 30) _	19 67
_			7 MARR EO			OATE OF BIRTH	9	AGE (In years	IF UNDER 1 Y	YEAR FUNDER 24 HR
	Male N	hite	W DOWED	DIVORCED		ugust 18,1	1916	50 yrs		Ooys Hours Min
10o	USUAL OCCUPATION (G	e kind of wark done		ND OF BUS NESS OR		11 BIRTHPLACE (Stot	e ar foreign cou	ntry)		ZEN OF WHAT NTRY?
guri	ng most of working life, i Genera I H a	uling	T	oustry rucking		Hagerstov	m. Md.		H.	S. A.
	FATHER S NAME					14 MOTHER'S MAIDEN				
	Harvey H.	Knod le				Ada V.	Garas			
	WAS DECEASED EVER IN		16.5	OCIAL SECURITY NO	17 INF	ORMANT		stown Address	د	
	s, no, or unknown) (If y		service V							
	No.				Mrs.	Betty L.	Knod le	130 Ray	St.	
	18. CAUSE OF OEATH PART I OEATH W	AS CAHISED BY								INTERVAL BETWEEN
	TAKE L OLAHI N	IMMEDIATE CAUSE (o)Cor	onary Occlu	sion					Instant
	TAVI	DUE T	0							
	Conditions, if ony, whi		b) Art.	eriosclerot	ic_	Heart Dise	ase			Recent
	rise to immediate co stating the underlying									
	lost.		(c)							
	PART II OTHER S GNIE			O DEATH BLT NOT RELATI	EO TO THE	TERM NAL DISEASE CO	NDITION GIVEN	IN PART 1(a)		19 WAS AUTOPSY
NON	31111									PERFURMED?
CERTIFICATION	20a EXTERNAL CAUSE	WAS	Tool DE	CRIBE HOW INJURY OCCU	IDDED /F-	tor antiro of incress	Doct Loc Doct	Lafitan IRI		153 160
E	PRIMARY I or CONTRI	BUTING 🗆	200. UES	KKIDE HUW INJUKT OLL	JKKEU (EN	ner nature or injury in	FUT OF FOR	i os ilam io j		
	CAUSE OF DEATH						T		-	
MEDICAL	ZOc T ME OF INJURY Hour o.m.	Month, Ooy, Year				OF INJURY Hame for street, office bldg, etc.		(City or town)	(conu	nty (Stot
8	_p m.	19	While at work	at work		, ,	'			
	21 I certify th	at I took charge	of the rem	ains described aba	ve, held	on Autopsy	Inspection	n 🔂 Inquir	у 🔲,	and n my opinio
	death resulted					Hamicid		determined man		, F
	200				501010	CHIEF MEDICA				
	ACTUAL	1. 5	12/	1 - 15			OICAL EXAM NER			22. DATE SIGNE
	SIGNATURE	1110	0	non		(f) D	CAL EXAMINER		L - 67	
	NAME (Type)	TE THE TA	444	Ton				county) Hager		n 1/6
12-	BURIAL (REMATION	E W D	LUUO	23c NAME OF CEMETE	DV OD CRI			AT ON (City or Town		(State)
.30	REMOVA (Specify)	į.						, ,	, (c	mental (stote)
0.		8- 2-	0/	Boonsboro	Cem	etery	Boo	nsboro	Md	SHATLING
	FUNERAL DIRECTOR			ADDRESS			D BY REGISTRA		STRAR S SIG	By Judge
To	hn H. Bagt	. Jr. 112	BI. Mad	in C4 Page	aham	NAS DATEAL	IG 2	IDD! XU	-and	War A

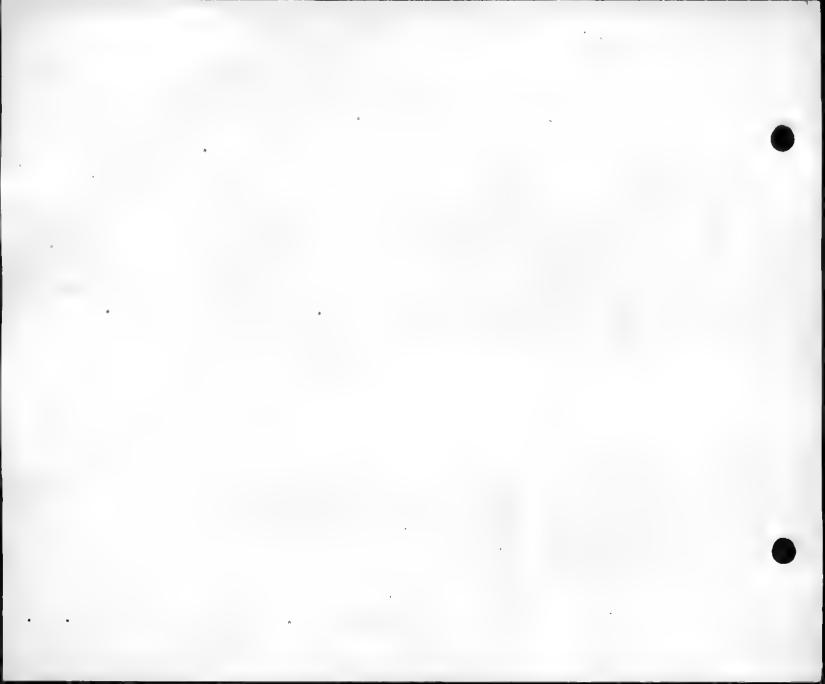


10183

10186 CERTIFICATE OF DEATH within 24 hours ofter Leath funeral I and and deo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) MARYLAND b COUNTY WASHINGTON a. COHNTY WASHINGTON MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

HAGERSTOWN CLENGTH OF STAY IN 16 b CTY OR TOWN (If outside carparate I mits. 60 YRS. IS RES DENCE . = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS HOSPITAL 51 EAST AVE. WASHINGTON COUNTY NO F 4. DATE 3 NAME OF Middle First DECEASED PEARL KRAMER SADA OF (Type or print) DEATH requires that the danth certificate on mxmcuted F LINDER I YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 1F INDER 24 HRS 7 MARRIED NEVER MARRIED (verpirthday) 1/6/1887 Manths Hours WHITE PEMALE WIDOWED DIVORCED Duro 10a USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 C TIZEN OF WHAT THAME MARYLAND COUNTRS A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, MARY HESSONG URIAH PALMER HAGERSTOWN WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, as unknown) (If yes give war ar dates af service) MD . MRS. ESTHER CRAMER NONE INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed bur ol-tr burioi, c Conditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause as the prior to has been last. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(g) Heofth p ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg, etc.) Not While After at work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 304 be retoined M, from causes and an the date stated abave. DIRECTOR: saw-the deceased alive an 6. 226 SIGNATURE M.D. oge 3 filed 22d ADDRESS 2 TO HOSPITAL TO FUNERAL director, po should be f 23a

DATE



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10187

CERTIFICATE OF DEATH

1 PLACE OF DEATH			ere deceased I ved, f institution	
o. COUNTY WASHINGTON	MARYLAND	a STATE MA	RYLAND 6 COUNTY	WASHINGTON
b CITY OR TOWN (If outs de corporate limits,	c. LENGTH OF STAY IN 16		de carparate limits write RURAL	and give neorest town)
write RURAL and alva nearest town) HA 12-RSTOWN	43 YEARS	HA	LGERSTOWN	, ,
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gr		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
WASHIN TON COUNTY HOSP	ITAL	134 WEST	WASHINGTON	YES NO
3 NAME OF FIRST	Middle	Last	4 DATE Month	Day Year
(Type or print) JOHN	SCOTT	LANTZ	OF DEATH JULY	19, 1967
S SEX 6 COLOR OR RACE 7 MARRIED		DATE OF SIRTH	Land Street Land	FUNDER YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED	X DIVORCED S	SEPT. 19,1883	83 yrs.	Months Days Hours Min
	D OF BUSINESS OR LISTRY	11 BIRTHPLACE (County & S		12 CITIZEN OF WHAT
	NSURANCE BUSIN	AURORA, WES	ST VIRGINIA.	COUNTRYS .A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
JOHN A. LANTZ		OLIVI	C SCHAEFFER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, pro-or unknown] (If yes, gipe, way, ar plotes of service) 21.7		NFORMANT S. LENORA GLA	DUTTN 8 ROESS	NER AVENUE.
100	- J2- 3000 PEG	, TENOUR GIR	HAGERST	OWN MARYLAND
18. CAUSE OF DEATH (Enter only one cause per line for (PART I DEATH WAS CAUSED BY:	· · · · · · · · · · · · · · · · · · ·			INTERVAL SETWEEN SNSET AND DOATH
IMMEDIATE CAUSE (a)	mic Brain y	rdrione_		Swelles
DUE TO C	0 10	. 1	4	1 a month
(b) Candit ons, if ony, which gove (b)	brel HAfen	schre		11 MIGNINS
stoting the underlying couse	n 1.	1 + 71	1.1.	1 100 -
lost. (c) Who	MEN BULLIN	OSWIDERC HER	NOWWELL	1 year
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO 1	HE TERMINAL D SEASE COND	ITION GIVEN IN PART 1(a)	19 WAS OUTOPSY PERFORMED?
To hou	l			YES NO K
OR CONTRIBUTING CAUSE OF DEATH	CRISE HOW INJURY OCCURRED	Enter nature of injury in Po	rt I or Part II of item 18)	
A		E OF INJURY (Home, form,	20f (City ar town)	(County) (State)
Hour a.m. White at wark		ary, street, office bldg , etc.)		
21 certify that (I) (thrs: traspitally attend	ed the deceased from	, 191	Uk, 10 7-19	, 196 7 that (1) (we) los
saw the acceased alive on 2-19	19 <i>G. 7</i> , and that	death accurred a 💆	M, from couses an	d on the date stated above
22a, SIGNATURE	1.1	ATTENDING M	ED STAFF	22b DATE SIGNED
Delan M-W	MC MC	PHYS LXI DI	RECTOR PHYS.	JULY 21, 1907
22c. PHYSICIAN'S NAME (Type) DAT TON M LED GOV		22d ADDRESS		
NAME (Type) DALTON M. WELTY	M.D.	1998 POTOMA	C AVE HAJERS	STOWN, MARYLAND
230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR	REMATORY	23d LOCATION (City or Town)	(County) (State)
BURLAL 7/22/67		CEMETERY	HAJERSTOWN, WA	ASH. CO. MD.
24 FUNERAL DIRECTOR	ADDRESS		REGISTRAR 25b RECIS	TRARS SIGNATURE
CHARLES M. ROUZER. HAGE	RSTOWN MARYL	DATE JUL	2 5 1967	

III SETITAL OR ATTENDING MAYICIAM: The law equires that the death certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the full director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after deet Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10185

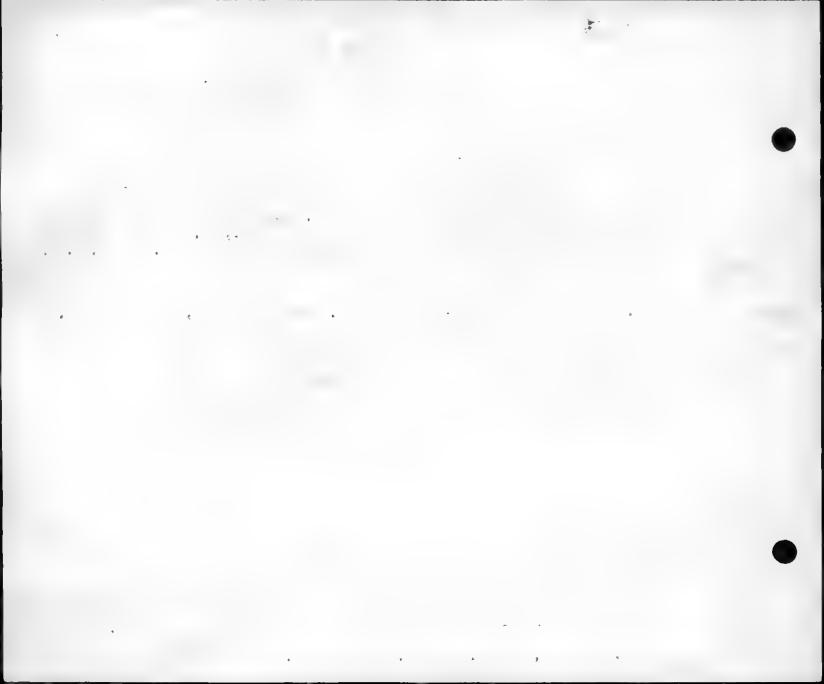
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PITAL OF ATTINING EMPINIALS. The law requims that the death certificate be executed within 24 hours after death.		heral	arrid 2	de d	1
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Nours		by t	s. Pages	haurs	
24		= P	Der	n 72 h	
/Ithin		ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	ir, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers	Arhin.	
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quilles	I may be retained by the haspital or attending physicial.	signed	burial.	d be filed with the State Dept. of Health priar taburial, cremation, ar remaval, and in ar	
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MEDICAL CERTIFICATION

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	PLACE OF DEATH O COUNTY Washingt				MARYLAN	ID	2 USUAL RESIDENCE (V o STATE Marylan	Vhere deceos	6.00	ution: Resider UNIY shingt		
Į	CITY OR TOWN (I	foutside corporate knill give nearest town)	5,	c [ENGTH OF STAY IN IS	5	t CITY OR TOWN (If ou	tside corporc	ote mits, write l	RURAL and giv	e neorest town)	
	Hagersto	OWN			2 Weeks		Rural S	harps	burg		. /	
4	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospit	ol, give st	reet oddress)		d. STREET ADDRESS	-			e IS RESIDE	NCE
		ton County	Новрі	ital			Bloody	Lane		<u> </u>	YES X N	
	NAME OF DECEASED		ırst		Middle		Lost	4. DATE OF		onth — 1.	Doy Year	· · · ·
	Type or print)	Charl	.08		Alburtus		Lohman	DEATH		ly 14,	* * * * * * * * * * * * * * * * * * * *	67
	SEX	6 COLOR OR RACE	7 MARR	IED X	NEVER MARRIED] 8	DATE OF BIRTH		AGE (In years	IF JNDER Months	Doys Hours	4 HRS Min.
	Male	White	WIDOW	/ED 🔲	DIVORCED][Dec. 24, 18	383	lost birthdoy) 83 yrs.	6	20	eregra.
		(G ve kind of work done	101		BUSINESS OR		11 BIRTHPLACE (County)	Citate or Id	kdian country)		TIZEN OF WHAT	
III	ng most of working l	iire, even it retiredj	1	BILE	Y Service		Millers Sa	wmill	. Wash.		U. S. A.	
3.	FATHER'S NAME			my			14 MOTHER'S MAJDEN N					
	August I	Cohman					Ida Mo	ate				
Ş	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16. SOCIA	L SECURITY NO	17 II	FORMANT		bA	dress		
re	NO •	(If yes give war or dates	or service j	220-1	0-3752	Mrs	· Charlotte	Lohm	an, Sha	rpsbur	g, Md.	
1	18. CAUSE OF DE	ATH (Enter only one co	use per line	for (o), (b), ond (c).)						INTERVAL BETW	
1	PART I, DEAT	'H WAS CAUSED BY. IMMEDIATE CAUSE	(o) U	REA	AIC AC	10	0818				ONSET AND DEA	Ун
1	46101	DUE										
	Conditions, if ony,		(b) 12	EN	AL FA	ILL	INE					
	nse to immediate stating the under											
	lost and	Hind coose	(t) PC	1851	BLE MY	10C	ARDIAL II	NEAR	CTION			
	PART II. OTHER S	GNIFICANT CONDITIONS (IE TERMINAL DISEASE CON				19 WAS AUTOP	
							_			A T/01	PERFORMED YES NO	_
	200 ACCIDENT WAS						SENILE			ATION		
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	1	DESCRIB	E HOW MIDNEY OCCUP		and a second of the second					
	20c. TIME OF INJU	JRY Month, Doy, Year					E OF INJURY (Home, form		(City or lown)	((0	tenty) (Struck	ote)
à	nour 0.11 p.m	10		hile work	Not While of work	10010	ry, street, office bldg., etc.)					
	21 certif	y that (I) (this has	pital) att	tended 1	he deceased fra	m .	7/1 .1	9671	c 7//	4 . 19	67 that (1) (w	e) last
1	saw the de	ceased alive an_	7/1	4	19_67, and	thot	death occurred at	430 N	1, fram lause	s and an t	he date stated a	above
1	220 SIGNATURE	(4)		-			ATTENDING	MED	STAFF	22b. D	ATE SIGNED	
1		Xlinay	uu	15		M.D	PHYS	DIRECTOR	PHYS	□l 7/	16/67	
	22c. PHYSIC AND						22d ADDRESS					
	NAME (Type)	RIZALIT	OA	MAN	SILLO		SHAR	PSBI	URG, A	ND.		
30	BURIAL, (REMACIO	1			C NAME OF CEMETER				CAT ON (City or	Town)	(County) (Sto	te)
	BUT TO I		- 196	7		Vie	w Cemetery		arpsbur			
	. FUNERAL DIRECTO	•			ADDRESS		2So RECO	BY REGISTS	RAR 1967 ^{25b}	RESISTARS	SCATURE MOLE	2
ĺ	hn H. Ba	st, Jr., 1	12 N.	Mai	n St. Boo	neb	oro, Md DATE	FTO	1001		0 0	
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TO MOSP Page 4 TO FUNE directal VR A15 (4) 25M 1/67



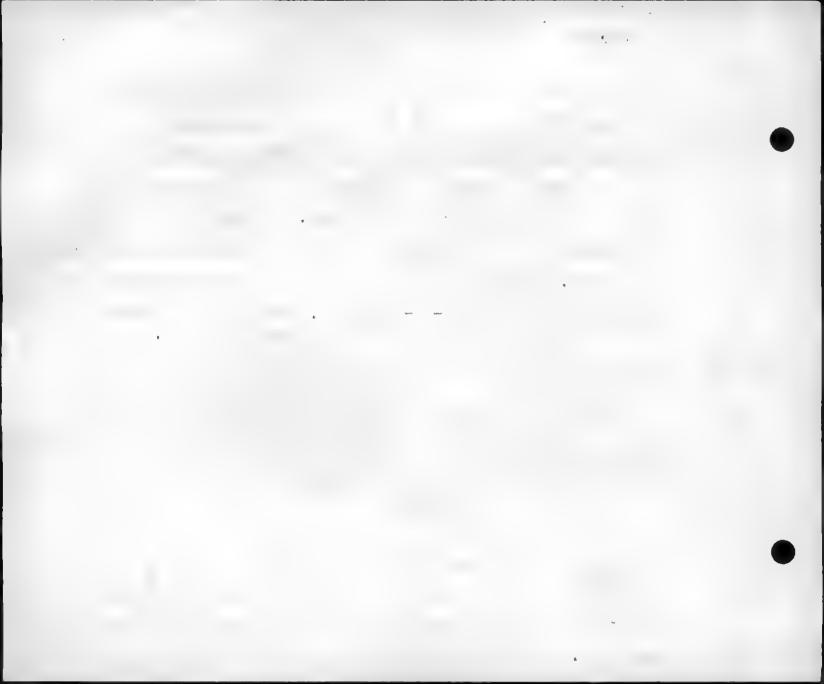
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Washington	MARYLAND	Maryland Washington
b City OR TOWN (If autside carporate limits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (f autside corparate limits, write RURAL and give nearest town)
write RJRAL and a ve nearest town) Hagers town	6 Mos	Hagerstown .2/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d STREET ADDRESS B IS RESIDENCE ON A FARM?
Coffman wome for the	Aging	210 Phylane Drive YES NO K
3 NAME OF FIRST	Middle	tast 4 DATE Month Day Year
(Type or print) IDA MAE	LUSHBAUG	H DEATH JIUY 26 1967 19
S SEX 6 COLOR OR RACE 7 MARRIED		B DATE OF BIRTH 9 AGE (In years FUNDER I YEAR IF UNDER 24 HRS
		ept. 12 1882 84 vis
	ND OF BUSINESS OR	11 BIRTHPLACE (Caunty & State or fareign copytor) 12 C TIZEN OF WHAT COUNTRY?
Domestic	Home Ustry	Charlestown Franklin Co USA
13. FATHER S NAME		14. MOTHER'S MAIDEN NAME
Jacob F. Bryan		Mary Alice Hysong
(Vac as as universely) (If the site was as dates of social)	A.	NFORMANT Address
No 33	0-30-9095Roy	E. Lushbaugh 210 Phylane Drive
1B CAUSE OF DEATH (Enter on y one cause per line for PART DEATH WAS CAUSED BY		Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE (AUSE (a)CO	ngestive hea	rt fallure sev. and days
Canditions, if any, which gave) (b)		in andiamental dispess
nse ta immediate couse (o), (cerioscierot	ic cardiovascular disease years
stating the underlying cause		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH D IT MOT DELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	PERFORMED? YES NO SERVICE CONDITION GIVEN IN PART I(d) YES NO SERVICE CONDITION GIVEN IN PART I(d)
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 T ME OF NJLRY Month, Day, Year Hour' a.m. 200 While	CR BE HOW INJURY OCCURRED	Enter nature of injury in Part I or Port I of stem 18)
20c TME OF NJ.RY Month, Day, Year 20d N Haur'a.m. While p.m. 19 at work	Not White fact	(Caunty) (State) (City or tawn) (Caunty) (State) (City or tawn) (Caunty) (State) (City or tawn) (Caunty) (State)
21. I certify that (i) (this hospital) attend	ed the deceased from_	March , 162 , to July , 1967 that (I) (we) lo
	24, 19 67, and that	deoth occurred ofM, from couses and an the date stated above
22a SIGNATURE	Wellen MI	
22c. PHYSICIAN'S NAME (Type) Howard N. Wee	ks, M.D.	22d. ADDRESS 580 Northern Avenue Hagerstown, Maryland
23a BURIA., CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	
Murian 7/29/67	Rose Hill Ce	metery Hagerstown Wash Co Md
24 FUNERAL DIRECTOR Hagerstown	Maddress	250 RECTORY REGISTRAR OCT 250. REGISTRARS SUNATURE LAGRE
Andrew K. Coffman Fun	eral Home In	DATE JUL 3 I 1301

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Page's 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any execut, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: Thm faw requires that the dmoth certificate me executed within 24 hours after Page 4 may be retained by the hospital ar attending physician.



10190

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

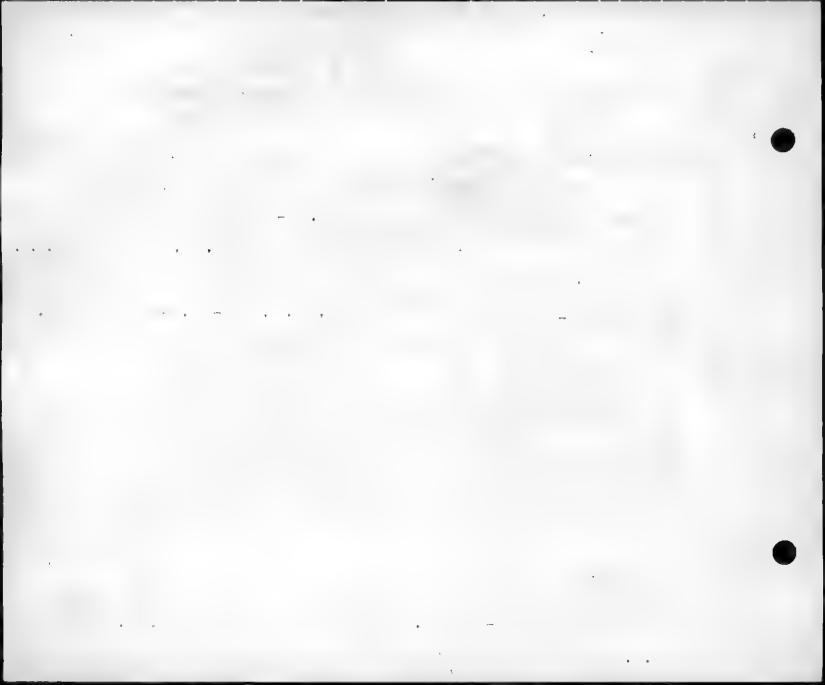
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TO NOTHINAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs ofter death.	1	Heta	pud	dea
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exe		oo pu	ema	any
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ficati		ysici	plec	al, ar
cert		d 6	Then	May
eath		IRECTOR: After this cert scate has been signed by the attending pl	letached far use as the burial-transit permit. Then p	prior to buriol, cremation, ar remaval, and in any event, with
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SIC	spita	ert f	ed f	l. af
Ě	e ho	his c	etach	Dep
S III	by #	fter	be d	tate
	peu	R: A	ige 3 should be do	d with the State Dep'
THE S	retai	ECTO	sho	with
L OR	, be	DIR	ige 3	iled
HITA	Page 4 may be retained by the haspital ar attending I	NERAL D	irector, pag	l pe
10	ige 4	FUN	recto	hould
2	P.	0	Ф	4

VR A15 (4) 25M 1/67

MEDICAL CERTIFICATION

PEACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE b. COUNTY
Washington MARYLAND	Maryland Washington
b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c. City OR TOWN (If autside carparate limits, write RURA, and give nearest town)
write RURAL and give nearest town) Hager stown	Hagerstown R # 3
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RES DENCE ON A FARM?
Washington County Hospital	St James Village YES NOX
3 NAME OF First Middle	Lost 4. DATE Manth Day Year
ORCEASED (Type or print) ANNIE VIRGINIA MAY	OF DEATH July 11 1967 19
S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8	
Fenale White WIDOWED XX DIVORCED A	lug. 13-1885 SX 81 yrs Manths Days Hours Min
10a USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or fareign country) 12 CT ZEN OF WHAT
during most af warking life, even if retired) HOUSEWILE	Frederick Co. Md. COUNTRY? U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John A. Roberts	Elizabeth Tobery
(Yes no or phonom) (If yes give was as dates of service) NOU AVAILADLE	NFORMANT Address
No Mi	rs. Wm. C. Main- Rt. 3-Hagerstown, Md.
18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	/ INTERVAL BETWEEN
IMMEDIATE CAUSE (a) Corelrol C	escular accident ONSFIAND DELTHY
DUE TO O C O C	
(anditions, if any, which gave) (b) (crewal)	internoscierosis
stating the underlying couse DUE TO	
los1 (c)	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND T ON GIVEN N PART 1(0) 19. WAS AUTOPSY
ATIO	PERFORMED? YES NO X
206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 TIME OF INJURY Month, Day, Year Hour a.m. 109 Hour a.m. 200 Injury Occurred While Not While	Enter nature of injury in Port I or Part I of tem 1B.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC	E Of INJURY (Home, farm, 20f (City ar town) (County) (State) ory, street, affice bldg., etc.)
Hour d.m. p.m. 19 While of Work of Work	ny, sileer, orace blogs, etc.)
21. I certify that (I) (this hospital) attended the deceased fram	1/2/67, 19, to_7/1/67, 19, that (1) (we) los
	death accurred at 9:25 PM, from couses and on the date stated above
220 SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
10 best va complete M.D	PHYS. LA DIRECTOR PHYS //// (6 /
22c PHYS CIAN'S Robert V. L. Campbell	HAGERSTOWN Md.
230 BURIAL (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CONTROL STREET ST	
24. FUNERAL DIRECTOR FTEGETION MG ADDRESS	250. REC'D BY REG STRAR 25b REGISTRAR S SIGNATURE
M. R. Etchison and Son Ry Elwood . A.	hetmar DATE JUL 13 1961 porcon of money



a. COUNTY	Washingto	n	MARYLA	a STATE	(Where deceased lived, if institution b. COU	NITW	nto Gore
write RURAL	N (If outs de carporate limit and give neorest town) -Hancock		C LENGTH OF STAY IN	b . c (ITY OR TOWN (f o	utside corporote limits, write Ru		
d NAME OF HOS	PITAL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET ADDRESS Lot 16	Concession	10	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)		ester	Weare	McGarvey	4 DATE Mon		Day Year 4, 1967
Male	6 COLOR OR RACE white	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BRIH June 10,	1913 9 AGE (In years last pirthday) 5 yrs	F UNDER 11 Months [YEAR FUNDER 24 HRS Days Hours Min
during most of work	ON (Give kind of work done ng life, even if refired) men ta I	TMI	ND OF BUSINESS OR DUSTRY CCTAST ENGE	, .	, Ont., Can.		TEN OF WHAT NTRY? Lnada
13 FATHER'S NAME	William	McGary	vey	14 MOTHER'S MAIDEN	NAME Katherine	e McCa	rtney
IC WAS DECEASED.	WED HILLS ABANCA FOREFER	1 14 6	Cold problems and	17. INFORMANT	Addr	044	
(Yes no, as unknow	VER IN U.S. ARMED FORCES? (If yes give war or dotes of the county of th	of service) use per line for		Matthew Mc	Garvey, Toro		INTERVAL BETWEEN
(Yes no, ar unknow 18. CAUSE OF PART 1. D Canditions, if a rise to immed stating the un lost.	DEATH (Enter only one cal EATH WAS CAUSED BY. IMMEDIATE CAUSE only, which gave intercause (a), derlying cause	use per line for (a)	(o), (b), ond (c).) shed chest	Matthew Mc	Garvey, Torc		INTERVAL BETWEEN ONSEL AND DEATH Sudden
Yes no, ar unknow IB CAUSE OF PART I. D Canditions, if a rise to immed stating the unlost. PART I! OTHER	DEATH (Enter only one cate that WAS CAUSED BY. IMMEDIATE CAUSE DY. IMMEDIATE CAUSE DUE ny, which gave intercause (a), derlying cause	use per line for (a)	(o), (b), ond (c).) shed chest	Matthew Mc	Garvey, Torc		INTERVAL BETWEEN ONSEL AND DEATH
Ves no, ar unknow IB CAUSE OF PART I. D Canditions, if a rise ta immed stating the un lost. PART II OTHER 20a EXTERNA CAUSE OF DEAT CAUSE OF DEAT	DEATH (Enter only one cate of the cate of	ise per line for (a) Crus TO (b) TO (c) CONTR BUT NG T	(o), (b), ond (c).) shed chest	Matthew Mc D TO THE TERM NAL D SEASE (CO	Garvey, Toro		INTERVAL BETWEEN ONSEL AND DEATH SUCCES 19 WAS AJTOPSY PERFORMED?
TB CAUSE OF PART I. C. Canditions, if a rise to immed stating the un lost. PART I! OTHER 20a. EXTERNAL PRIMARY 2d or CAUSE OF DEAT	(If yes give war or dotes at the control of the cause BY. IMMEDIATE CAUSED BY. IMMEDIATE CAUSE DUE The cause (a), and a cause are cause (a), and a cause (b). SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION,	ise per line for (a) Crus TO (b) TO (c) 20b DES A1	(o), (b), ond (c).) shed chest O DEATH BUT NOT RELATE CRIBE HOW INJURY OCCU	Matthew Mc D TO THE TERM NAL D SEASE (CO	Part I ar Part II of them IB) m. 20f. (City or town)		INTERVAL BETWEEN ONSEL AND DEATH SUCCEN 19 WAS AUTOPSY PERFORMED? YES NO X
Ves no, ar unknow 1B. CAUSE OF PART I. D. Canditions, if a rise to immed stating the un lost. PART II OTHER 20a. EXTERNA. PRIMARY 21 or CAUSE OF DEAT 12 no 21 cer	DEATH (Enter only one cale EATH WAS CAUSED BY. IMMEDIATE CAUSE DY. IMMEDIATE CAUSE DUE ny, which gave lote cause (a), derlying cause SIGNIFICANT CONDITIONS CO CAUSE WAS CONTRIBUTING CO. 1 11 1 17 1 7/24 19	ise per line for (a) Crus TO (b) TO (c) 20b DES An 67 at wark e of the remail causes	(o), (b), ond (c).) shed chest O DEATH BUT NOT RELATE GCRIBE HOW INJURY OCCU uto-auto UNRY OCCURRED of work at work Accident [X], Wash	Matthew Mc D TO THE TERMINAL DISEASE CO RRED (Enter nature of injury in Collision The PLACE OF NJURY (Home, for foctory street, office bldg, etc. Highway Te, held an Autopsy [], Suicide [], Homicide CHIEF MEDICAL M D ASSISTANT MED. DEPUTY MED.C.	Part I ar Part II of Item IB) Part I ar Part II of Item IB) M, 20f. (City or town) Pancock Inspect an E, Inq. Undetermined m LEXAMINER	West Jury , nanner	INTERVAL BETWEEN ONSEL AND DEATH SUGGEN 19 WAS AJTOPSY PERFORMED? YES NO EX 1y) Of Ond in my apinion 7/26/67 22. DATE SIGNED thern Ave

in pencil in Item 18. Give Pages 1, necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Med.cal Examiner's Office along-with form Health or its designated agent, prior to buriol, cremotian, ar removal, and in any event with a 22-faurs This cert, ficate should be executed within 24 hours ofter death. If a burial-tronsit permit. File 5 moy be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as MEDICAL EXAMINER: TO DEPUTY

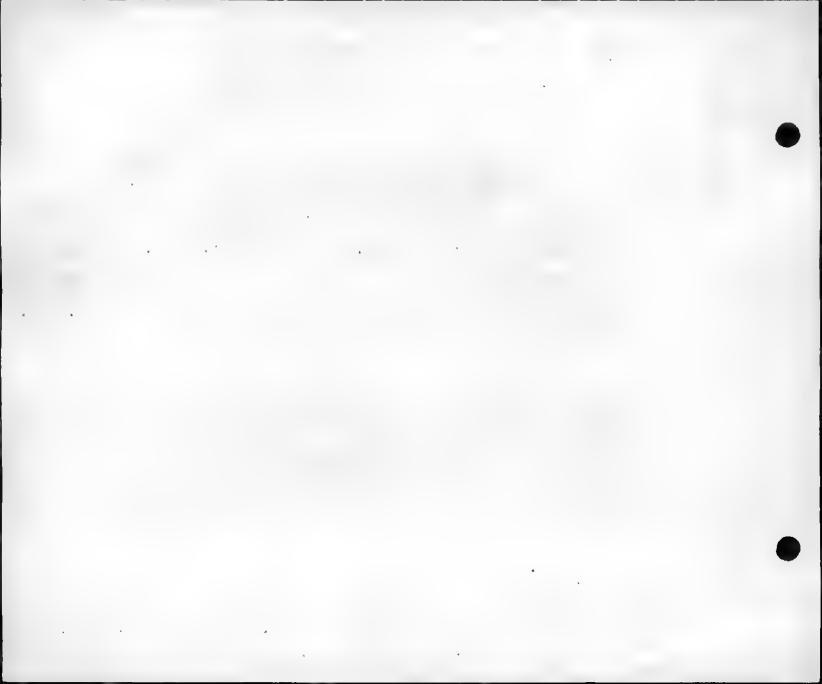
FOR STATE HEALTH DEPT.

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VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1019
IEALTH BEPT.	1 PLACE OF DEA

n any event within 72 hours ofter death pages 1 and 2 with the State Deportment

F E e

Health or its designated agent, prior to burial, cremotion, or removol, and

5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit

delay s and 3 to Pagg

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

necessory, please execute the certificate, writing the ward pending in pencil in Item 18 Give Pag the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with

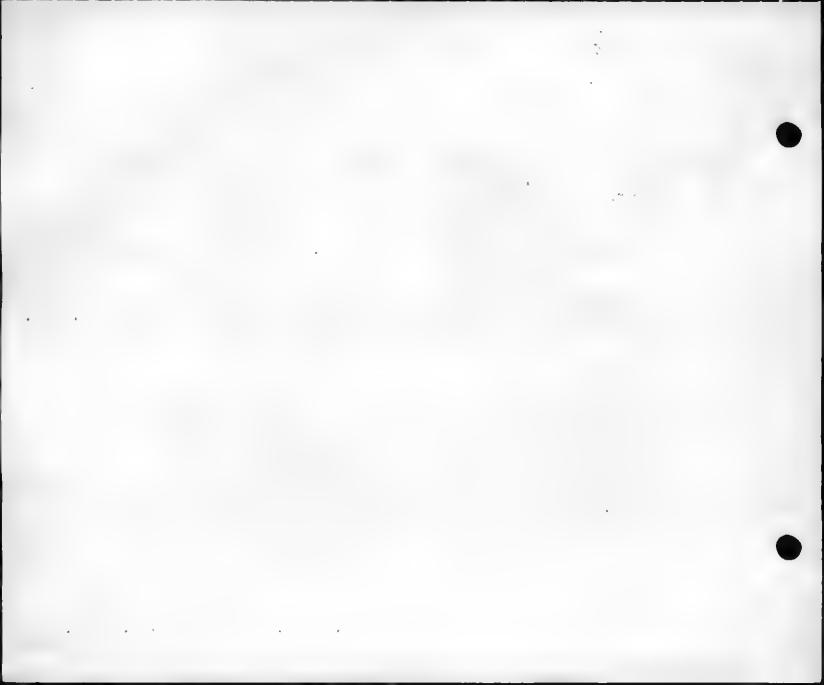
in pencil in Item 18 Give Pages

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	1019	2	MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		
	LACE OF DEATH						Where deceased lived, if inst	itution Residen	ce before admission)
0	COUNTY	Washingto	n	MARYI	LAND	o. STATE Car	nada	Tor	onto Gore
E	write RURAL or	(f outside carporate limit indigive neorest town) •Hancock	5, +	C LENGTH OF STAY IN	l fb	1	ontario	RURAL and give	neorest lawn)
-		TAL OR INSTITUTION (fin	ot in hospitol, g	ve street oddress)		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
						Lot 16	Concession	10	YES NO
	IAME OF DECEASED Type or print)	V e	ra ra	Middle	1	McGarvery	4 DATE NO OF DEATH	July 2	14, Doy Year
5 5		6 COLOR OR RACE	7 MARRIED	NEVER MARR ED		B DATE OF B RTH	9 AGE (in year:	Months	Doys Hours Min
f	emale	white	WIDOWED	DIVORCED			lost byrthiday		
		N (Give kind of work done		ND OF BUSINESS OR		11 B RTHPLACE (Stote		Col	IZEN OF WHAT
<u> </u>		wille even if retired)	"				pine, Ont.	Can (Canada
13.	FATHER'S NAME	Unkno	L.Pan			14 MOTHER'S MAIDEN	Vnknown		
15 (Yes	WAS DECEASED EV , no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dotes)	of service)	SOCIAL SECURITY NO		NFORMANT		ddress	
Ĺ					Mat	thew McGa	rvery, Tor	onto,	
		te couse (o), ((o) Fra 10	(o), (b), ond (c)) actured s	kul	1			INTERVAL BETWEEN ONSEY AND DEATH SUDDEN
ATTON	PART II OTHER S	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELA	ITED TO 1	THE TERMINAL DISEASE CO	ADITION G VEN IN PART I(o		19 WAS AUTOPSY PERFORMED? YES NO ***
L CERT FICATION	200 EXTERNAL C PRIMARY or CC CAUSE OF DEATH.			scribe how injury oc ito-auto			Part or Part II of stem 18)	
MED:CAL	12 noo	n 7/24 19	67 While	Not While of work	foct H	CE OF INJURY (Home form ory, street, office bldg, etc.) ighway	Route 70	West	
		fy that I took charg	_	_		ide, Hom cide CHIEF MED CAL	Undetermined	nquiry [], manner [and in my apinian 7/26/67 22. Date signed
	EXAMINER'S NAME (Type)	Howard N	. Week	s, M.D.		DEPUTY MEDICA			thern Ave.
	BURIA, CREMATI PEMOVAL SPEN			23c NAME OF CEME		., Can.	Toronto,	Ont.,	(County) (State)
	FUNERAL DIRECTO	n Funeral	Home,	ADDRESS Hagerst	own,	Md. 2So. REC'I	BY REGISTRAR 136	REGISTRARS S.	GNATURY Judge

VR A15ME (5) 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2, USUAL RESIDENCE (Where decessed lived, If institut on: Residence before edmission) a. COUNTY Frederick by the and 2 death. Washington Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town, write RURAL and give necrest town! Frederick Rural- Boonsboro Vrs. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 211 Fifth Street Fahrney-Keedy Memorial Home W. papers. YES NO XX 4. DATE 3. NAME OF Middle Last bay DECEASED OF 1967 McHenry Blanche DEATH [Type or print] AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 17, MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthdey) Months | Days Female 12/13/1881 WIDOWED [DIVORCED [85 геттоме 10a. USUAL OCCUPATION Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) None Frederick. Homemaker Officer please I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Jane Crouse Henry McHenry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) (lifyes give wer or detes of service) 213-24-9269 Fahrney-Keedy Memorial Home Boonsboro, Md. permit. 18 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ₽ PART I. DEATH WAS CAUSED BY: ite has been signed the buriel-transit buriel, cremation, IMMEDIATE CAUSE (e) DUE TO attendante Heart Dean Conditions, it eny, which geve rise to immadiate cause **DUE TO** [e], stating the underlying tel PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY 2 CATION PERFORMED? USB prior NO K YES CERTIFIC R: After this detached for 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Pert I or Pert I) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20s, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) [Stete] Whila Not While factory, street, office bldg., etc.) Hour a.m. al work at work pe 21. I certify that (I) (this hospital) attended the deceased from v should State 31M, from the causes and on the date stated above المحدد 19. المحدد 19. المحدد 19. المحدد الم saw the deceased alive on.... 22b. DATE 22e, SIGNATURE ATTENDING STAFE death. Pege 4 D FUNERAL PHYS. DIRECTOR PHYS. 1 H W M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME-(Type) filed v 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION. | 23b. DATE THEREOF 232. NAME OF CEMETERY OR CREMATORY (Stele) क्ष वें प्र (Specify) 1=196 Frederick, Maryland Olivet Cemetery ADDRESS 25m, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick. Maryland VR A15 [4] 20M 5 63

MARYLAND STATE DEPARTMENT OF HEALTH

4

complete

physician

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signed

certificate

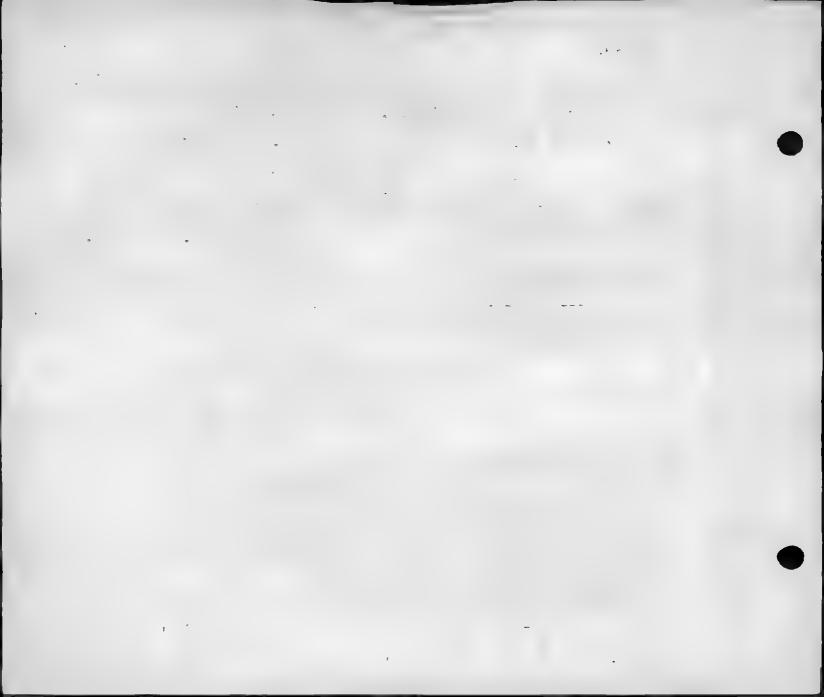
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the bur ol-transit permit. Then please remove carbon papers. Page and director, page is should be fied with the State Dept of Health prior to burio, cremotion, or remayor, page in my event, within 72 hours after the should be fied with the State Dept of Health prior to burio, cremotion, or remayor, page in my event, within 72 hours after the should be find the state Dept of Health prior to burio, cremotion, or remayor, page in the state Dept of Health prior to be burion, or remayor, page in the state Dept of Health prior to be successful.

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		TOTA	×		CEKTIFICAT	E UF DEATH		
		PLACE OF DEATH o. COUNTY	hi wat an		Edd Pool Starts	o. STATE	(Where deceased lived, if instit b CO	
			shington If outside corporate limit		MARYLAND C LENGTH OF STAY IN 16	Md.	outside corporate imits, write R	Wash.
		Smithst	d give nearest town)	ural	2 years	Smithsb	,	
	7		AL OR INSTITUTION (If it	ot in hospital,	1	d STREET ADDRESS		e IS RESIDENCE
			RFD 1			RFD :	լ	ON A FARM? YES NO.
		NAME OF	F	ırst	Middle	Last		onth Doy Year
		DECEASED (Type or print)	M	arv	Drusilla	Miller	OF DEATH July	25 1967
	5. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	JE UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	WIDOWED	DIVORCED	Oct. 28, 18		Months Days Hours Min
11		USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	y & Stote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
					10001111	Foxville,	Md.	USA
/	13.	FATHER'S NAME	3,20			14. MOTHER'S MAIDEN	NAME	
		De	set d. C. Dwo	7.750		Sarah A. J	l'assuma	
	TS.	WAS DECEASED EVE	I vid C. Bro	16.	SOCIAL SECURITY NO. 17.	INFORMANT		iress
		is, no, or unknown)	(If yes give wor or dotes	of service)			6-241-1	37.3
		no				S. Allce Ir	acy, Smithsbur	
		18. CAUSE OF DI	EATH (Enter only one co TH WAS CAUSED 8Y:	use per line to	(G), (b), ond (c))	1 /	,	NTERVA, BETWEEN ONSET AND DEATH
			IMMEDIATE CAUSE	(0)	zerely >	Lacord	1051	4000
		7001		10	///	11 .0		
		Conditions, if any		(b) //12	7 00 br da	V Hace	shy y-en al	m 12 40
i		rise to immediat stating the unde		10 2				
		last.	11119 (0030)	(c) w/	Leve alm el	Links	1851 ke	15/7m
		PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAXED TO	-THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
	CATION				1		,	PERFORMED? YES NO 4
-	2	20o ACCIDENT WA	CHADCOLAING [206 D	ESCRIBE HOW INJURY OCCURRED	I father nature of numeric	Part Lor Part II of stam 103	113 110
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	MEDICAL	<u> </u>	JRY Month, Doy, Year	20d	NJURY OCCURRED 20e P1	ACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (Stote)
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		01 L comb	Th.	of wo	rk 🗀 otwork 🗀 ded the deceased frams	7 7 31	10/71/1	2 1/10/ Dalma (1) /) les
			eceased alive of	<i>i i</i>		at death occurred o	t M from cause	that (I) (we) los and an the date stated above
		220. SIGNATURE	to			ATTENDING	MED SYNTE	22b DATES GNED
		- Ly	can by	150	Tolas 1	PHYS D	MED STAFF DIRECTOR DIRECTOR DISTRICTOR	- July 25 1969
		22c PHYSICIAN S				22d ADDRESS	. 1 , ,	7-1
		NAME (Type)	400.4	-K	6 h 6 6 K	Jour	wited from	4) Finia
-	230	BURIAL, CREMATIC	ON. 23b. DATE TH	EREOF	23c NAME OF CEMETERY OF	RICREMATORY	23d LOCATION (City of	Town) (County) (Stote)
		REMOVAL (Specify Burial	1 -	8, 196	7 Smithsburg	Comotown	/	
	24	FUNERAL DIRECTO		0, 170	ADDRESS		D BY REGISTRAR 256	Wash Md.
1				. Smi	thsburg, Md.		JUL 2 8 1967	Charley Judges
	14	dinnich P	uneral u	a rater	orrange Liga	DATE	AP % A 1001	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 1	PLACE OF DEATH		CENTITIO	ATE OF DEATH	are deceased lived if met t	Lt on Residence before admissio
(o. COUNTY	WASHINGTON	MARYLAN	o. STATE MAR	YLAND b (0	
	HAGERST		70 YRS.			URAs and give nearest town)
		ON COUNTY HO		d STREET ADDRESS 716 SUNSI	ET AVE.	e IS RESID ON A FA YES
1	NAME OF DECEASED (Type or print)	CHAR LOTTE	VER ONA	MITCHELL		TULY 30 9 6
5 :	FEMALE	WHITE WIDOW	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1,6/1892	9. AGE (In years lack) perthdoy) 7 yrs.	Months Doys Hours
	JSUAL DCCL PAT DN (C		HOME	11 BIRTHPLACE (County & S WEST V	tate, or foreign country) IRGINIA	12 CIT ZEN OF WHAT
13.	FATHER'S NAME MILIAR	D FILMORE RE	EYNOLDS	14. MOTHER'S MAIDEN NAV	• HOFFMAN	
15, (Ye	WAS DECEASED EVER !	N U S ARMED FORCES? yes give wor or dotes of service)	16 SOCIAL SECURITY NO NONE	MRS. GAIL K		ONT ROYAL VA
	I IR CAUSE OF DEAL	IH (Enter only one couse per line	: TOF LOL. IDT OND (C)			INTERVAL BETY
		WAS CAUSED BY IMMEDIATE CAUSE (o) MAI DUE TO hich gove ouse (o),	LIGNANT LYMPHO	MA(RETICULUM CE	ELL CARCOMA	24 ONSET AND DI
TION	PART I. DEATH Conditions, if ony, we rise to immediate a stating lihe underly lost. PART IF OTHER SIGN	WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO COUSE (o), ING COUSE IFICANT CONDITIONS CONTRIBUTION	LIGNANT LYMPHO	D TO THE TERMINAL DISEASE COND		ONSET AND DI
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MEDICAL CERTIFICATION	PART I. DEATH Conditions, if ony, we rise to immediate of stating the underly lost. PART II OTHER SIGN Hypert 200 ACC DENT WAS U. OR CONTRIBUTING ED (IF EITHER, NOTIFY ME 200 TIME OF INJURY Hour d.m. pm 21. I certify saw the dece	WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO COUSE (b) ING COUSE (c) IFICANT CONDITIONS CONTRIBUTE CAUSE OF DEATH DICAL EXAMINER) (Month Doy, Year 206	NG TO DEATH BUT NOT RELATED VASC lar disea DESCRIBE HOW INJURY OCCUR Vhile Not While of work of the deceased from	D TO THE TERMINAL DISEASE COND LSE RRED (Enter nature of injury in Por e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	TON GIVEN IN PART I(a) If or Port I of Item 1B) 20f (City or town)	(Caunty) (S
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the bur al-transit permit. Then please remove drown papers. Pages 1 and 2 Page 4 may be retained by the hospital or attending physician.

TO HINDITAL OR ATTENDING PHYTICAN: The law requires that the dout certificate be executed within 24 hours after



10196

CERTIFICATE OF DEATH

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-	3			. 1

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) pers. Poges Your a STATE **b** COUNTY o. COUNTY c LENGTH OF STAY IN 10 ≘. OR INSTITUTION B IS RESIDENCE ON A FARM? (If not in bospital, give street/address NO 🗷 YES NAME OF Middle Day Year DECEASED 19 6 (Type or pnnt) DEATH Compi n years F UNDER 1 YEAR 6 COLOR 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE burial, crematian, or remaval, and ın any ev last b #hday) Months Days Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR State, or foreign country) 12 CITIZENADE WHAT physician (en please 13. FATHER S NAME permit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, opinifyrawn) (If yes give war ex dates af service) 16 SOCIAL SECURITY NO INFORMAN Address IB. CAUSE OF DEATH (Enter only one cause per line-for (a), signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a). stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health priar tall WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11g1 CERTIFICAT.ON NO. 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) Haur a.m. While factory, street, office bldg, etc.) Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased from from causes and on the date stated above. saw the deceased alive an 22a. S GNATURE DATE SIGNED 22b. **ATTENDING** DIRECTOR M.D. PHYS PHYS 22d ADDRESS TO FUNERAL PBURIAL CREMATION 23b DATE THEREO LOCATION (City of Town) (County) (State) # 2Sb VR A15 (4) 25M 1/67

after death. 24 hours within be executed OR ATTENDING PHYSICIAN: The law requires that the death certificate be ratained by the Haspital ar attending physician. TO HOSPITAL Page 4 may



10191

				CERTIFICA	IE OF DEATH				
		HINGTON		MARYLAND	2 USUAL RESIDENCE o. STATE MAR	YLAND	P COUNTY ₩	ASHINGTO	
	MILE BURN (If auts)	CMIA _{MU}		LIFE	HAGER	STOWN	ts, write RURAL or	nd give neorest town	1
	d NAME OF HOSPIAL OR WASHINGTO				d. STREET ADDRESS	WASHUN	GTON SI		SIDENCE A FARM? NO A
3	NAME OF DECEASED (Type or print)	FRANCE		VIRGINIA	MUMMER T	4. DATE OF DEATH	JULY	25	°67
S		HOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/21/1	1 4	A CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	INDER 1 YEAR F UNI	DER 24 HRS S Min
100 dur	CASH TEL	kind of work done on if retired)		ND OF BUSINESS OR EUSIRINSURANCE	11 BIRTHPLACE (Count	y & State or foreign co YLAND	untry)	12 CT ZEN OF WHAT	
	CLARENC				14. MOTHER'S MAIDEN EDITH				
15. {Ye	was DECEASED EVER NU es, no, or unknown) (If yes NO	S ARMED FORCES? give wor or dates of	service	7-30-5563	MR. LOREN	R. MUMM		ERSTOWN MD.	
	Conditions, if ony, which	CAUSED BY: IMMEDIATE CAUSE (c DUE TO gove)	Ad	(a), (b), and (c).)	Cenone	of Bre	lest	IMPERYAL OF THE PROPERTY AND THE PROPERT	SETWEEN /
	rise to immediate cous stating the underlying last.	couse	0						
ATION	PART I OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	OND THON GIVEN IN P	ART 1(0)	19 WAS A PERFO YES	UTOPSY RMED?
L CERTIFICATION	200 ACC DENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	20b DES	SCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Part I or Port Ir of	item 18)		
MEDICAL	20c TIME OF INJURY Me Hour o m. p.m.	onth, Doy, Yeor	20d IN While of work	Not While	PLACE OF INJURY (Home, for foctory, street, office bldg., etc		or town)	(County)	(Stote)
	saw the decease	. , ,	tol) attend	ed the deceased fram	hat death accurred a	19 <u>7, to</u> 1 9:15 PM, frai			(we) last ed above
	220 GNATURE	Bel E.	Ma	ilis	M.D. PHYS		STAFF 2	7/27/67	
	22c. PHYSICIAN'S NAME (Type) DC	nald E.				Potomac S	t., Hage	rstown, M	d.
L	BURIAL, (REMATION, REMEDITAL I.	23b DATE THER 7/28		ROSE HIL	L CEM.		STOWN	WASH.	(Staff)
24	FUNERAL DIRECTOR	sucent,	Hea	esslown	In de Date J	D BY REGISTRAR JL 3 1 19		ars signature	yes.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours afti Page 4 may be retained by the hospital or ottend ng physician.

TO HOSPITAL OR ATTERMINE MAY THE LAW. The law requires that the death certificate be executed within 24 hours ofter death



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH BIRT necessary plemsm execute the certificate, writing the ward pending in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shasid be farwarded to the Chief Medical Examinem's Office along with farm PM3. Page ay delay is I wany by refained far your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Department of

10193

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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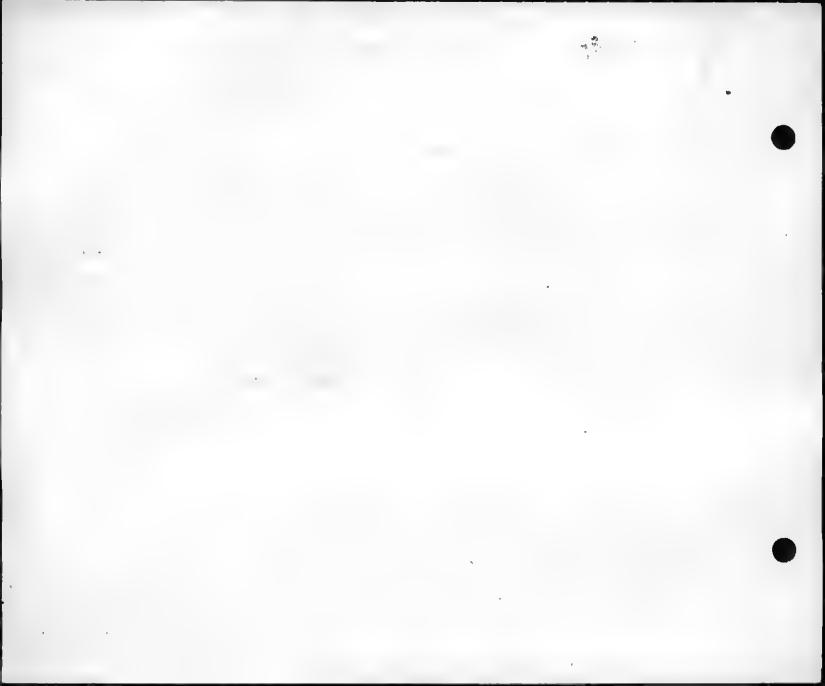
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	PLACE OF DEATH	*		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b. COUNTY			
	W.	ASHINGTON	MARY.AND	MAI		TASHINGTON	
	b CITY OR TOWN J	t is de corporate limits	c LENGTH OF STAY IN 16		its de corporate limits, write RURAL and		
	HAH	I give negrest town) ERSTOWN	LIFE	HA	GERSTOWN	- 1	
		AL OR INSTITUTION (I not in hosp		d STREET ADDRESS		e IS RESIDENCE ON A FARM?	
		NORTH CANNON A			TH CANNON AVENUE	YES NO X	
3	NAME OF DECEASED	Frst	Midd e	Lost	4 DATE Month	Doy Year	
1	(Type or print)	JUY	CHARLES	MUSEY	DEATH JULY	19, 1967	
) 5	SEX	6 CO.OR OR RACE 7 MAR	La	B DATE OF BIRTH	lost birthdov) Mont	YDER 1 YEAR IF UNDER 24 HRS	
	MALE	WHITE WIDO		NOV. 16, 19	/ / - / - / - / - / - / - / - / - /		
1(da	Io USUAL OCCUPATION Uring most of working	(Give kind of work done 1)	OB KIND OF BUSINESS OR UNDUSTRY	11 B.RTHPLACE (Stote		2 CITIZEN OF WHAT COUNTRY?	
-		Lie, even if retired)	ROCERY STORE	HAGERSTOW	N, MARYLAND.	CLAS.A.	
- [1	3 FATHER'S NAME			14 MOTHER'S MA DEN I			
		COB E. MUSEY	14 2001 (500)		BELLE WHITE	ATATOMA CONTRACTO	
	(Yes no or unknown). (If we give wor or dates of service)			NFORMANT		NNON AVENUE,	
				S. NORMA S.	MUSEY, HAJERSTOW		
		ATH (Enter only one cause per lin				INTERVAL BETWEEN ONSET AND DEATH	
	1/2/1/	IMMEDIATE CAUSE (a)Cd	oronary Occlusion			Instant	
	Conditions if any	OT 3UD					
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VR A15ME 15%

Health prior to buriol crematicul, ar removal, and in any event within 72 hours after death

This certificate shauld be executed within 24 haurs after death 11

TO DEPUTY MEDICAL EXAMINER:



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	1013	3		CERTI	FICALE	OF DEATH		101	
1. P	LACE OF DEATH					2 USUAL RESIDENCE (W	There deceased lived, if institu	itian Residence befare	adm ssian)
0	. COUNTY	Washingto	n	MAI	RYLAND	o. STATE Pa.	b. COL	Frankl:	in '
b	CITY OR TOWN (if autside carparate limit	S,	c LENGTH OF STAY	IN 1b	,	side carporote limits, write RU		town)
	Write KUKAL and	f give nearest town) Stown		9 Davs	,	VI.	aynesboro Pa.		
d	NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital,	give street address)	·	d STREET ADDRESS		e	S RESIDENCE
		ngton Coun				1	7 N. Broad St	·	ON A FARM?
	IAME OF	F	rst	Middle		Lost	4 DATE Mor	nth Doy	Year
1 6	receased Type or print)	Cha	rles	Anthon	v	Noel	OF DEATH J	uly 19	. 1967
5 5	FX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI	ED X B	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS
	ale	White	WIDOWED	DIVOR	ED 📗	Oct. 7, 189	14 10	Months Days	Hours Min
10o	USUAL OCCUPATION	l (G ve kind af wark done life, even if retired)		IND OF BUS NESS OR			\$ State, or fareign country)	12 CIT ZEN OF	WHAT
F	lorist	mo, even ii temedij		IDOSIKI		Waynesbor	o Pa.	COUNTRY?	0
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME		
	James	Louis Noel				Fmma	Brockley		
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	16	SOCIAL SECURITY NO.	17 IN	IFOR MANT	Add	ress	
[Yes	es (na, or unknown)	If yes give wor or dotes	of service)	18)179-36-	-3201	Miss Gert	rude C. Noel,	Waynesbo	ro Pa.
F		ATH (Enter only one co				0			RVAL BETWEEN
1.1	PART I. DEAT	TH WAS CAUSED BY:		corelio	0 -	The book		SONS	ET AND DEATH
	Places and	IMMEDIATE CAUSE		Larexon	- 11	ANTACKANA DINE			ex course.
	Canditions, if any		(1)	Hooma-	On y	1 1 Than 4	20-1		100
	nse to immediat	e couse (o),	(D) CC	Alverrate	<u> </u>	(C D 0) - 1			<i>FF</i> 3
	stating the under	rlying couse						· ·	
1 1		,	(c)	TO 0514	P1 / PP P0 P1	or Tradition of Contract Con-	D. 7 ON OHEN HI DEDY 16 \	110	WAS AUTOPSY
NOIL	PART II DIHER S			TO DEATH BUT NOT R	EATED TO IF	IE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(0)		PERFORMED?
출	20a ACCIDENT WAS	LINDERLAND ET		SCRIPE HOW INTERV	OCCURRED (F	inter nature of mury in P	Port I ar Port II of term 1B.)	1,0	- W
E	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	100 0	SKIDE NOW INSORT	occounts in	and address of allow	of For For R of Ref by		
15 F		JRY Month, Doy, Year		NJURY OCCURRED		OF INJURY (Home, farm,		(County)	(State)
WED WED	nour o.r	10	While of wor		10010	ry, street, office bldg., etc.)			
	21. certif	fy that (I) (this has	pital)-atten	ded the deceased	fram	Mer 1	96/10 Jule 19	1967 th	at (1) (we) last
1		ceased alive an_	July 1	9 1967	and that	death offurred at	M, Jom couses		
	220 SIGNATURE	- 0	In	- /		-	ALL STACE	22b. DATE SIGNE	D /
П		Tree	Du	18815	M.D	PHYS	MED STAFF DIRECTOR PHYS C	7/2	*/G7
	22c. PHY SICIAN'S NAME (Type)		ELK			580 Non	to A. Ho-	- 1 N	14/
		H-N-W		>		1 500 Non		ESIGNA, 14	10
230	BURIAL, CREMATIC		EREOF	23c NAME OF CER	METERY OR C	REMATORY	23d LOCAT ON (City or To	own) (dounty)	(Stote)
	REMOVAL (Specify Burial	7/22	167	St. A	ndrew		Waynesboro.	Franklin	Pa
24	FUNERAL DIRECTO	R+ 70	41	ADDRESS	1		BY REG STRAR 2Sb R	EGISTRAR S S GNATUR	.E
1	NAV	121 7 1	4015	11/11/11	Enlos	Color thate	1 1967 PCC	contar luca	Lac.

TO HOSPITAL - ATTINDING MIYSICIAM: The law requires that the Jacth certificate be executed within 24 hours after deg TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haugs of Page 4 may be retained by the haspital or attemling physician VR A15 (4) 25M 1/67

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10200		CER	TIFICATE	OF DEATH			0107
1. PLACE OF DEATH					Where deceased lived, if		e before admission)
o. COUNTY Washir	eton	1	MARYLAND	o STATE Penns	ນໄນລກ ໍ ລ	. COUNTY	Franklin
b CITY OR TOWN (f auts write RURAL and give		c LENGTH OF ST	TAY IN 16	c CITY OR TOWN (If ou	itside corporate limits, wr	ite RURAL and give	neorest lown)
Rural Hagers	negrest town;	Six We	eks	Way	nesboro		
d NAME OF HOSPITAL OR	INSTITUTION (If not in I	nospital, give street oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?
Avalon Mar	nor Inc. Ma	rsh Pike		8 11	ill Crest A	ve.	YES NO IS
3 NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Doy Year
(Type or print)	Be s	sie Rowe		Null	DEATH	July	17 1967
S SEX 6 C	DLOR OR RACE 7 /	MARRIED NEVER MAI		B DATE OF BIRTH	9 AGE (In ye	lov) Months	VEAR IF UNDER 24 HRS
Female	white W	IDOWED 🛣 DIVO	RCED	8/17/1884	lost birthd 82		
100 USUAL OCCUPATION (Give	kind of work done	10b. KIND OF BUSINESS C)R	11 BIRTHPLACE (County	& State, or foreign country) 12 CIT	IZEN OF WHAT
during most of working the every House Wife	}	INDOJIKI		Frederic	k Co. Md.		S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME		
George W.	Rowe			Fran	ces M. Flen	ner	
15 WAS DECEASED EVER IN U (Yes, no, or unknown) [(If yes	S ARMED FORCES?	16. SOCIAL SECURITY N	i0 17. I	NFORMANT	31,	Address Hill Cre	st Ave.
No	9100 1105 05 00100 01 005		H.	Richard Nu	ll. Waynes	boro Pa.	DO AVE.
		r line for (a), (b), and (c).)		1	,		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WA	IMMEDIATE CAUSE (o)	Cerebral	Th	rombos	N		7 40-13
1.7.1.	DUE TO	44 6 1	,	1			15.
Conditions, if any, which	10101	HY Pert	C1151	V- Cardi	0 198C-DV	20628 .	414.
stoting the underlying	couse DUE TO	4 (1	1	63	1	5/	VNI
last.) (c)_	Artorio			PENETELIZ		7 7 4
PART II OTHER SIGNIFIC	ANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT	RELATED TO 1	THE TERMINAL DISEASE COI	IDITION GIVEN IN PARTIT	(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS JNDS OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	205 DESCRIBE HOW INJUR	RY OCCURRED.	(Enter noture of injury in	Port I or Port II of Item	18.)	
20c TIME OF INJURY N Hour o.m.	lonth, Doy, Yeor	While Of work of work		CE OF INJURY (Hame, form ory, street, office bldg., etc.)		wn) (Cou	inty) (Stote)
21. I certify th	at (I) (this hospita) attended the decea	sed from	Un 0/2 ,	967 to JUI-	117, 196	Z, that (I) (we) las
	ed alive on J	1/17 196	7 and tha	t death occurred at	2110 PM, from co	uses and on th	ne date stated obove
220. SIGNATURE	1 0-	14Mm	-M.I		MED STAFF		TE SIGNED
22c PHYSICIAN S NAME (Type)	1/0-1d A	HOFF	MILLA	2/4 ADDRESS	Poton	12cat -1	Heserstown
230. BURIAL, CREMATION,	23b. DATE THEREOF	23t NAME OF	CEMETERY OR	CREMATORY	23d LOCATION (City	or Yown)	(County) (State)
REMOVAL (Specify)	7/20/67	Gree	n Hill		Waynesb	oro, Fra	nklin . Pa.
24 FUNERAL DIRECTOR	0-	ADDRESS			BY REGISTRAR 2	Sb. REGISTRAR S. S.	GNATURE
Norta 39	Gross	Waynesbor	o, Pa.	DARUL	2 1 1967	Justes	Jan &

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Le executed within 24 Lours Lifer death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages I as shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in an forest. We tain 72 hours after the 副 Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



10201

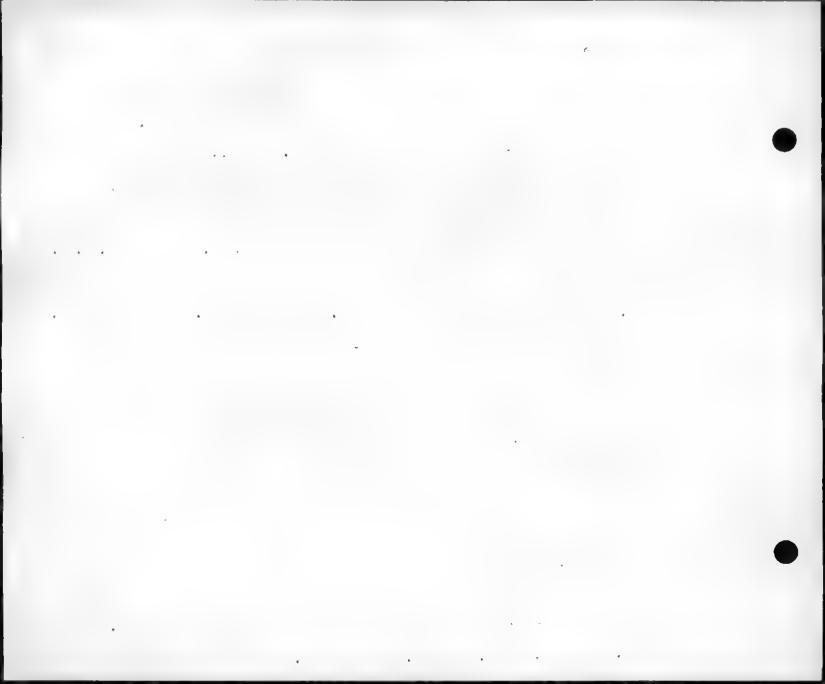
CERTIFICATE OF DEATH

M	\wedge	1	0	0	
-	\vee	.7	,	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fladeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to bur al, cremation, or removal, and in Inysecont, within 72 hours ofter death. director, page 3 should be detached for use as the burial-transit permit. Then please respond be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 hours after de-

1	PLACE OF DEATH					2 USUAL RESIDENCE (b_cou	NTY		ision)
	a county Washing	ton		MARY		Marylar			hingto		
	write RURAL on	f autside carparate imit give nearest tawn)	s,	c. LENGTH OF STAY IN	w IĐ	c CITY OR TOWN (If or	,			nedrest fawn	
	Hagers	town		2 Days			lager	stown Rfd	. 1		,
		AL OR INSTITUTION (If no				d. STREET ADDRESS					SIDENCE FARM?
		ton County	Hospit			Mt. Ler				YES	NO L
3	NAME OF DECEASED		rst	Middle		Lost	4 DAT			Day	Year
	(Type or print)	Char		Edward		Paden	DEA				9 67
5	SEX	6 COLOR OR RACE	7 MARRIED	_		DATE OF BIRTH		9. AGE (In years lost birthday)	Months		S Min
	Male	White	WIDOWED	DIVORCED		larch 2,1907		60 yrs	3	29	
dur.	. USLAL OCCUPATION	(G ve kind of work done		D OF BUSINESS OR USTRY		11 BIRTHPLACE (County	& Stote, or	foreign country)		IZEN OF WHAT UNTRY?	
401	ing most of working Mainter	nance	Air	Craft		Hagerstov		ld •		S. A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	William	Paden				Daisy Tr	ovin	ger			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	f convice) 16 SI	OCIAL SECURITY NO.	17. II	NFORMANT		Addr	ess		
411	No.	(If yes give wor or dates o	N JOINTO		Mrs	. Ruth Pade	en, R	fd. 1 Hag	erston	m, Md.	
	18. CAUSE OF DI	ATH (Enter only one cou	se per line for (a), (b), and (c).)		. 0	1			INTERVAL I	
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE	(0) M2	locard	181	na Brui	4	ron		ONSET AND	Jan 1
	14361	DUF								24	hour
	Canditions, if any		(b)								
	nse to immediat stating the unde		TO								
	last.)	(c)								
Z	PART IL OTHER ŞI	GNIFICANT CONDITIONS C	ONTRIBLITING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION G	VEN IN PART 1(o)		19 WAS AL	
AT10	Cast	nointent	insl	Mea	014	eq				YES T	NO X
PFC	20a ACCIDENT WAS	LNDERLYING .		CRIBE NOW INJURY OC		Enter nature of injury in	Part I ar	Part I of item 18.1			
(ER)		CAUSE OF DEATH MEDICAL EXAMINER)		•		/	_				
MEDICAL CERTIFICATION	20c. TIME OF NUI	IRY Month, Day, Year	20d INI	URY OCCURRED		E OF INJURY (Home, farn		(City or town)	(Cou	nty)	(State)
MED	Hour o.r	2.0	While	of work	facto	rry, street, office bldg., etc.		1 1			
		y that (I) this has			fram\	317	9/5	-to\ /)/4	1 196	7, tha (1)	we) last
		eceased alive an	1/20 1	19 6 7 . o	nd that	death accurred at	8.4	M, fram Couses	and an th	ie date stat	ed abave.
	220. SIGNATURE	2001/	1 4							TE SIGNED	
	1/	(1/1/1/201)	Hill		M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	1 6	-3-	67
	22c PHYSICIAN S	0000	12	./~/		22d ADDRESS		- +		h - 1	
	NAME (Type)	MITI	K)40	KIT		10111	D MI	Sport		No	
230	BURIAL, CREMATIC			23c NAME OF CEME	TERY OR (REMATORY	23d	LOCATION (City or To	wn)	(County)	(Stote)
	BENDAT PLACELY	7-5-	67	Pleasant	Grov	e Cemetery	Sa	ndy Mount	, Md .		
	FUNERAL DIRECTO			ADDRESS		2So REC'I		STRAR 25b RI	EGISTRAR'S S		
Je	ohn H. Ba	st, Jr. 11	2 N. Ma	in St. Boo	neho	TO ME SATE	JUL	7 1967	guia	wery yo	Wal-



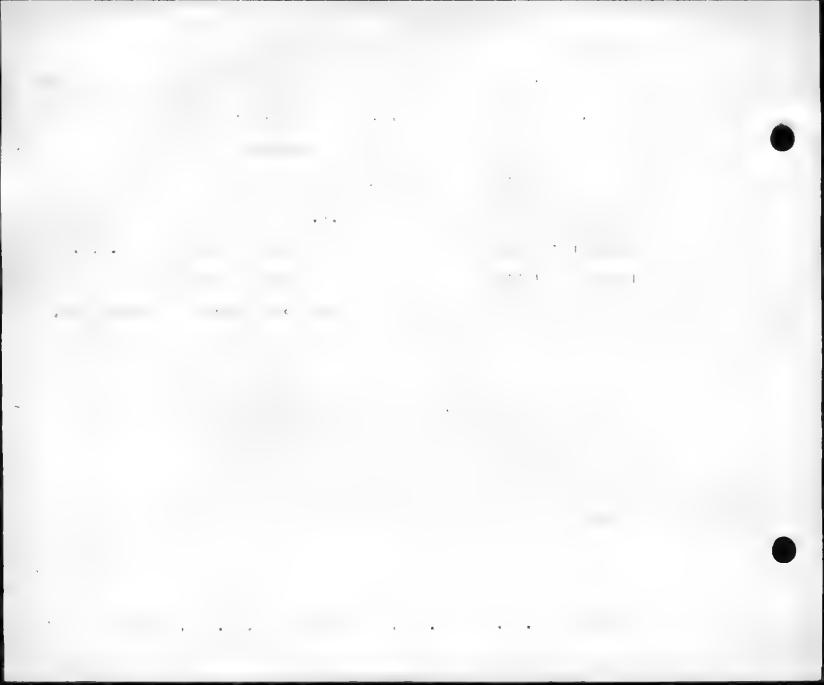
19207

CERTIFICATE OF DEATH

10100

1 PLACE OF DEATH o. (DUNTY	WASHINGTON	MARY_A	a STATE NA	RYLAND b (tution Residence before admission) COUNTY WASHINGTON
	(f autside carparate limits, id give nearest tawn)	c LENGTH DE STAY IN 1			RJRAL and give nearest town)
	TAL OR INSTITUTION (If not in ha		d. STREET ADDRESS HANCO		e is residence on a farm? Yes No 🗷
3 NAME OF DECEASED (Type or pont)	MARY	Middle VIOLA	PERCY	4 DATE OF DEATH	7 24 Year 19 67
S SEX		NEVER MARRIED NOWED NOVORCED	9.2.1894	9 AGE (In year lost birthday	/) Manths Days Haurs Min.
100 USUAL OCCUPATION during most of working HOUS!	(Give kind af wark dane a life, even if retired) EWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (COJ	inty & State, or fareign country) L OHTO	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WILLIA	M E MILLER		14 MOTHER'S MAID		т
	ER IN U.S. ARMED FORCES? (If yes give war ar dates of service	a) 36 SOCIAL SECURITY NO	17 INFORMANT ROBERT PER		HANCOCK MD.
PART I. DE	ite cause (a), (ASHD	toriscler	sans	10 yrs
20g ACCIDENT WAS OR CONTRIBUTION	SIGNIFICANT CONDITIONS CONTR B	LTING TO DOATH BUT NOT RELATE 206 DESCRIBE HOW NJURY OCCU			PERFORMED? YES NO
20c TIME OF N. Hour o	JURY Month, Doy, Year .m. 19	20d INJURY OCCURRED While Nat While at work 20	e PLACE OF INJURY (Hame, factory, street, office bldg.,		(County) (State)
	ify that (!) (this haspital) leceased live an !!!	attended the deceased from 19 66, and	m_C//3/G/ that death accurred	, 19, ta at /0,30/ AM, frank caus	es and an the date stated abave
22c. PHYSICIAN NAME (Type	13/homas I	EMD.	M.D PHYS 22d. ADDRESS	MED. STAFF PHYS.	22b DATI/SIGNED / 67
23a BUR AL CREMAT REMOVAL (Specif	ON, 236 DATE THEREOF 7.28.67	230 NAME OF CEMETER		M. E.AVE.NE	, , , , , , , , , , , , , , , , , , , ,
24 FUNERAL DIRECT	OR H He a	ADDRESS	a mol DATE	EC'D BY REGISTRAR 256.	REGISTRAR S SIGNATURE

TO FINE IN LINE (10R: After this certificate hos lieen signed by the ottending physicion and camplately threed in by the standard director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page Land 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours offer death. 24 hours ofte TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10203 3 7211

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
. county Washington MARYLAND	STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate firmts c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c, CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)
Hagerstown 1 week	Lantz
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS (a. IS RESIDENCE ON A FARM?
Washington County Hospital	RD 1 YES □ NO 🛛
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OP
(Type or print) Harvey E. Pryor	DEATH July 7 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthdey) Months Days Hours Min.
	Sept. 16, 1891 75 yr.
IOn. USUAL OCCUPATION (Give kind of work done during most of working lile, even il retired)	Y 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Machine Co.	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Pryor	Amanda Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address
(Yes, no, or unkown) ((Hyasgivewarordalesolaervice) 213-10-7073 Emr	ma G. Pryor Lantz, Md. RD 1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c))	I INTÉRVAL BĚTWEEN
DADT I REATH MAS CALISED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (e). Cerebral throm	bosis 7_days
DUE TO	
Conditions, if any, which \ (b) Arterioscleroti	ic cardiovascular disease 5 years
gave rise to immediata cause	
(e), stating the underlying cause last.	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
OHIO	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER!	(Enter neture of injury in Part I or Pert II of Iem 18.)
6-4-	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. While Not While st work st work	i i i i i i i i i i i i i i i i i i i
	3-24, 19.62 to 7-7 1967, that (I) (we) last
	death occurred at M. from the causes and on the date stated above
220 & GNOATURE /	22b. DATE
Charles These	D PHYS. THE DIRECTOR PHYS. 7-7-67 SIGNED
22c. PHYSICIAN'S	22d ADDRESS
NAME (Type) Charles F. Hess, M.D.	Smithsburg, Maryland 21783
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
Burial 7-10-67 Germantown C	Ch. of God Cascade Md. Fred. Co
24 FUNERAL DIRECTOR'S SIGNATURE Boymond E ADDRESS ager	258. REC'D BY REGISTRAT 235. REGISTRAR'S SIGNATURE
Kanmond & Origin Thurm	
	371173



20M 1/65

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10205

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	L	10	Ů.	2

TOMO	0		CERTIFICATI	OI DEATH				
PLACE OF DEATH				Where deceased	lived, finstitution R	es dence befare admission)		
o. COUNTY	Washingto	24	MARYLAND	O. STATE Mari	pland.	P COUNTY (A)	ashington	
b CITY OR TOWN	(If autside corporate limits,		c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate			
	and give negrest town)	M	Life	Hage	erstown		-11	
d NAME OF HOSE	PITAL OR INSTITUTION (If not in	hospitol, i	give street oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?	
Wash	Washington County Hospa		rital	424	Mitchel	U Ave.	YES NO	
NAME OF DECEASED	First		Middle	Last	4 DATE OF	Manth	Day Year	
(Type or print)	Grank	ie	Lynn	Ricker	DEATH	July	5 1967	
SEX		MARRIED	NEVER MARRIED	8 DATE OF BIRTH			INDER 1 YEAR IF UNDER 24 H	
Male	White	WIDOWED	DIVORCED	July 4, 196	7	yes	3 54	
Da USUA, OCCUPATI Juring mast of worki	Oh (Give kind of work done ng life, even y retired)		IND OF BUSINESS OR	11 BIRTHPLACE (County		au canutr.A)	12 CITIZEN OF WHAT COUNTRY?	
	None		None	Hagersto	wn, Md.		USA	
13. FATHER'S NAME	p: .ll	0 1	2: .1	14. MOTHER'S MAIDEN		11. /		
Richard Lee Ricker					Anna Wo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) None 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mr. R. L. Ricker 424 Mitchell Ave. Hag								
No			None Mr.	.K.L.Kicker	424 1111	tchell Hve	.Nagerstown,1	
	DEATH (Enter only one couse		7 11 1 21 7 7 7 7				INTERVAL BETWEEN ONSET AND DEATH	
raki i. Di	EATH WAS CAUSED BY IMMEDIATE CAUSE (6)	<u> </u>	SPIRATORY 1	- Muent			Houses	
1 / /	DUE TO							
Conditions, if ony, which gave (b) VEETATERITY rise to immediate couse (a),								
stoting the un	derlying couse (a), DUE TO							
last.	(c)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
20° ACCIDENT V							PERFORMED? YES NO.	
200 ACCIDENT V	VAS UNDERLYING 🗀	20b DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Port II	l of item 18)		
	IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)							
20c TIME OF .	NJJRY Month, Day, Year			ACE OF INJURY (Home, for		City or town)	(Caunty) (State	
Hour !	o m. p m. 19	While		tory, street, office bldg , etc.)			
			ded the deceased from_	4 July	1967 10	5 Jucy	1967, that (1) (we)	
saw the	deceased alive an S	140	1967, and the	it death accurred at	2 AM	fram causes and	on the date stated abo	
	saw the deceased alive an 5 1 4 4 1967, and that death accurred at 2 M, fram causes and on the date stated above							
-X	and a		M	D PHYS	MED. DIRECTOR	STAFF D	50/214 1967	
22c PHYSICIAN NAME (Typ		END	30	22d ADDRESS 218 N. Por	omte St	- Hassis	rown Mg	
230 BURIA., CREMA		O.F	23c, NAME OF CEMETERY OR	CREMATORY	23d LOCA	T ON (City or Town)	(County) (State)	
REMOVAL (Spec	11y) 7/6/6	7	Rest House	n Cemetery	1.4		ashinatom Mo	
24 FUNERAL DIREC			ADDRESS	2So RFC	D BY REGISTRAS	2Sby PERISTR	AR SIGNATURE	
D . + H	- 6 1		Hanna Ma	الالما	T 0 13	01	0	

TO FUNIRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the bunal-transit permit. Then please remaye calculations. Pages I and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event. Atthin 22 haurs after dept. TO HOSPITAL OR ATTENDING PHYSICIAM: The aw requires that the Leath certificate be executed within 24 Laurs after disath Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10205

10206

CERTIFICATE OF DEATH

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
O. COUNTY ASHINGTON	MARYEAND O STATE The bound askingly
5 CITY OR TOWN (If autside corporate limits, c. LENGTH write RURAL and give nearest taven)	OF STAY IN 1b c CITY OR TOWN (If acts de corporate limits, write RURAL one give namest town)
May asrelle	- 71 augansville 11'
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ad	d STREFT ADDRESS d STREFT ADDRESS a is RESIDENCE ON A FARM?
Makigansville, ma	216 North ST VES INO 8
3 NAME OF First	Middle Lost 4 DATE Manth Doy Year
(Type or print)	DEATH SULLY D, 19(19)
	R MARRIED 8 DATE OF BIRTH 9. AGE (n years FUNDER 1 YEAR FUNDER 24 HR On the Months Doys Hours Man
WIDOWED	DIVORCED [] 724-13 (880 8/ YIS)
100. USUAL OCCUPATION (Sive kind of work done during most of working life even if retired) INDUSTRY	NESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 (TIZEN OF WHAT COUNTY)
13. FATHER'S NAME A	14 MOTHER'S MAIDEN NATION
John Risser	Barbara Marter
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO 17 INFORMANT Address
(Yes, ny, of unknown) (If yes give war or dates of service) 220-1	8-1939 China Kroses-Mauganovill
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COLOR	ONSET AND DEATH
DUE TO DO DO	1 1/2 / 1/2 / Diane 1014/
(anditions, if any, which gove rise to immediate cause (a),	writer Heren Moserse 10%
stoting the underlying couse lost	/
, 19	T NOT RELATED TO THE TERMINAL DISEASE COND THON GIVEN IN PART 1(a) 19 WAS AUTOPSY
Enematore Anti-	PERFORMED?
	INJURY OCCURRED (Enter noture of injury n Port or Part of item 18.)
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	month occounts fruits assure a sulfact at tour tour sais it of activity
20c T-ME OF INJURY Month Day Year 20d INJURY OCCUR	RED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour o.m. P.m. 19 While Not Will of work of two	hile foctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) bitended the de	
	2, and that death accurred at O. Co.P.M., fram causes and an the date stated about
220 SIGNATURE DO STORE	ATTENDING MED. STAFF 22b. DATESIGNED
Donald Wiarl	M.D PHYS. DIRECTOR L. PHYS. L.
222 PHYSICIANS NAME (Type) CONIA) & E. MART/	in, M.D 218 M. Potomas St, Hog Wash, Me
230 BURNEL REMATION, 23b DATE THEREOF 23c MAN	
8000Val (Specify) 7/12/67 / E	itt Ch. Clim, near Ceartoss, md.
24 FUNERAL DISECTOR	DRESS 250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

II NOSMITAL OR ATTENDING MIYSICIAM: The law requires that the death certificate bill executed within 211 halls after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camptetely, filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any every fittin 72 hours after VR A15 (4) 25M 1/67



10207

CERTIFICATE OF DEATH

10204

- 1									
		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)					
	(WASHINGTON	MARYLAND	MARYLAND WASHINGTON					
	ŀ	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate firmits, write RURAL and give nearest tawn)					
		write RURAL and give nearest tawn) HAGERSTOWN		BREATHEDSVILLE 27					
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospit	al, give street address)	II d STREET ADDRESS 9 S RESIDENCE					
1		WASHINGTON COUNTY	HOSPITAL	HONE RD. BOONSBORO, MD. YES NO					
		NAME OF First	Middle	Last 4 DATE Manth Day Year					
		DECEASED (Type or print) BESSIE	SOUTH R	OUT ZAHN DEATH JULY 11 1967					
	S. 5	SEX 6 COLOR OR RACE 7 MARR		DATE OF PIPTIN					
	E	EMALE WHITE WIDOW	ED D VORCED	6/5/1882 85 prihiday) Manths Days Hours Min.					
			. K ND OF BUSINESS OR	11 BIRTHPLACE (County & State, or fare in country) 12 CITIZEN OF WHAT					
	duri	ng most of working life, even if retired) HOUSEWIFE	INDUSTRY	WASHINGTON CO. MD USA					
-	13.	FATHER S NAME		14 MOTHER'S MAIDEN NAME					
		25	4.0	tone O Annua					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?		JANE C ADAMS NFORMANT Address					
	(Ye	s, no, ar unknown) (If yes give war or dates of service)							
	-	100	215-48-5623 /	I SABELLE A. GEHR HAGERSTOWN, MD.					
		18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY	(a), (b), and (c))	INTERVAL BETWEEN ONSET/AND DEATH					
		IMMEDIATE CAUSE (a)	Laxinona	manserse Colon Inga					
		15 5 DUE TO	M-1-1	· Vnc					
		Canditions, if any, which gave (b)	relastases (Short 6 mos					
		stating the underlying cause DUE TO	TI 0 C	0-1-T					
		lasf (c)	Mislines 9	Vinuelin					
-)	8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
	CERTIFICATION			YES NO					
	E	20a, ACCIDENT WAS UNDERLYING ☐ 29b OR CONTRIBUTING ☐ CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port 1 or Port 1 of item 18.)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	WEDICAL	and the state of t		CE OF INJURY (Hame, form, 20f (City or town) (County) (State)					
	¥		thre work at work fact	ary, street, office bldg , etc.)					
İ		2) certify that (!) (this hospital) at		July 6. 1967, to July 11, 1967, that (1) (we) last					
		saw the deceased alive an Yuly	11 19 67, and that	death accurred at 5 4 A.M. from causes and an the date stated above.					
		220 SIGNATURE		226 DATE SIGNED					
		Alm a- Mor	run M. W. MI	ATTENDING MED STAFF PHYS DIRECTOR PHYS					
		22c PHYSICIAN'S		22d ADDRESS					
7		NAME(Type) JOHN A. MORA	N M.D.	HAGERSTOWN, MARYLAND					
	23 ₀	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Store)					
1		REMOVAL (Specify) BURIAL 7/14/67	BEAVER CREE	K CEMETERY BEARER CREEK WASH. MD.					
	24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE					
7		HOWARD J. GROVE	HANGOCK, MA	RYLANDATEUL 17 1967 yellowlas Jungars					
	_		THE RESERVE OF THE PARTY OF THE						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Leshound be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after the state Dept. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



Clear Spring.

DATE



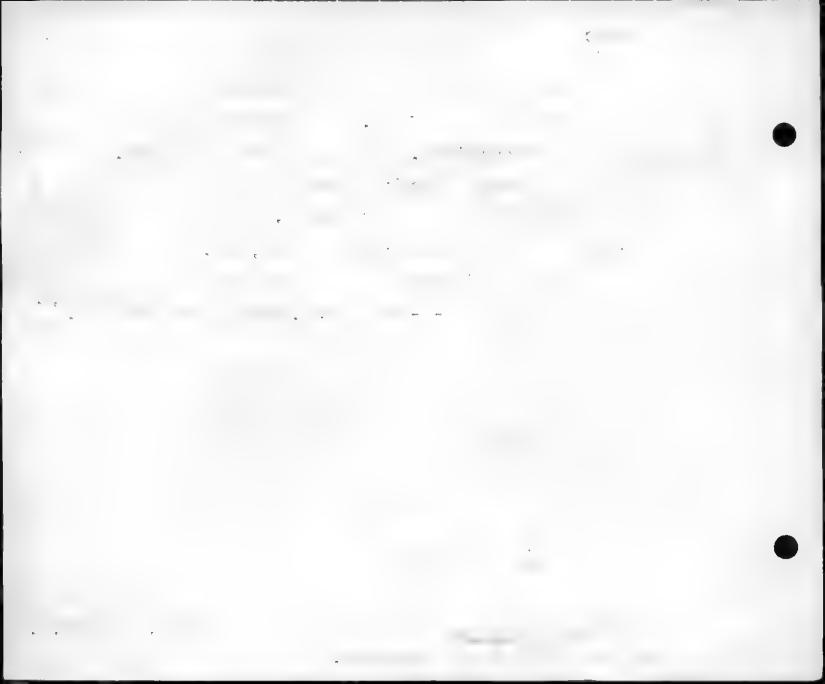
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10000

FOR STATE **MEALTH DEPT** necessary, please execute the certificate, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with Local PM3. Page delay is for Department of MET AL EXAMINER: This cert ficate shauld be emecated within 24 hours after death. If 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a bunal-tronsit permit file pages 1 and 2 with the Health prior to bur al, cremation, or removal, and in any event within 72 hours after death

VR A15ME (\$)

上したし	J	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	4020	3		
D CITY OR TOWN	Washington		MARYLAND C LENGTH OF STAY IN 16	o. STATE Mari	(Where deceosed lived, if institute of the constitution of the con	Wash	ington		
write RURAL o	nd give nearest town)	12	55 yrs		erstown	,			
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	t in haspital,	give street oddress)	d STREET AODRESS			e IS RESIDENCE ON A FARM?		
	629 Pennsi	ylvani	a Ave.	629	Pennsylvania	Ave.	YES NO		
3 NAME OF DECEASED (Type or print)		rta	Lorraine	Schaff	OF DEATH ON		8 19 67		
s sex Male	6 COLOR OR RACE White	7 MARR EO W DOWED		B OATE OF BRIH March 18, 190			oys Hours Min		
during most of working		- 16	IND OF BUSINESS OR PUSTRY Entertainment	11 BIRTHPLACE (Stote	Penna.	12 (11 71	N OE WHAT TRY?		
13 FATHER'S NAME	George 1			14 MOTHER'S MAIOEN	NAME h Spielman				
15 WAS DECEASED F (Yes, no, or vaknown	VER IN U.S. ARMED EORCES? (If yes give war or dates o	service) 16	SOCAL SECURITY NO 17 17-10-3447 PH	INFORMANT ILIP L.Scha	ff 629 Pennsy	^{Ires} Hagers Lvania A	town, M.		
Conditions if on use to immediate uncolors	ote couse (o), lerlying couse	(c) CO (b) Ar (c) (c)	(o) (b) and (d) ronary throi teriosclero	mbosis tic heart	disease		INTERVAL BETWEEN ONSET AND DEATH Sudden		
PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic alcoholism									
E 200 EXTERNAL PRIMARY □ or C CAJSE OF OEATH	CHASE OF SERVICE								
20c TIME DE IN Hour de	JURY Month, Ooy, Yeor om. 19	20d II While of work	Not While fo	ACE OF NJURY (Hame, for ctory, street, office bldg, etc		(County	(Stote)		
21 I cert	21 I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my aphron								
death resu	death resulted fram Natoja causes (), Accident (), Suicide (), Hamicide () Undefermined manner (
ACTUAL SIGNATURE	How	wel I	Muln	M D	OICAL EXAMINER	0 2713	22. DATE SIGNED		
EXAMINER'S NAME (Type)	Howard N.	Week	ks, M.D.		TAL EXAMINER $oxtimes 58$ of city town or county) $oxtimes Ha$		nern AVe.		
230 BUR AL CREMAT REMOVAL Spec	ION, 23b OATE THE		23c NAME OF CEMETERY OF	CREMATORY	23d .OCATION (City or)	lowe) ((e	unty) (Stote)		
24 FUNERAL OIRECT		Host	Rest Haven C	emerezu250 REC	O BY REGISTRAR 256	REGISTRAR S SIGN	aton, l'Id.		
Rest Hav	en Funeral (hapel	Hagerstown !	de DATE	JUL 12 1967		les Judge		



10210

CERTIFICATE OF DEATH

10207

				CLKTHTCAT	L OI DEATI	•			UNUS			
	PLACE OF DEATH				2. USUAL RESIDEN	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission)						
	o. COUNTY V	TASHINGTON		MARYLAND	a STATE MA	RYLAND	b con	NTY WA	SHINJTO	N		
-	b CITY OR TOWN (outside corporate limit	s,	C LENGTH OF STAY IN 16	c. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest tawn)							
	write RURAL on	d give nearest town) CRSTOWN		38 YEARS		GERSTO			,			
-		AL OR INSTITUTION (If no	at an inscritor of		d STREET ADDRES		AATA		e IS RESID	DENCE		
1							AMILTON H	OTET.	ON A F.	ARM2		
-		.A. WASHING								NO 1		
1	DECEASED		rst	Midd e	Lost	4. DAT			Ddy Yes			
-	(Type or print) S SEX	RUDOLPH	7	ADOLPH	SCHULTZ	DEA				67		
- [:))tA	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED 4	8 DATE OF BIRTH		9 AGE (In years Last birthday)	Months Months	YEAR IF UNDER Days Hours	M _{th}		
	MALE	WHITE	WIDOWED	DIVORCED	MARCH 28,		8Z yrs					
	Da USUAL OCCUPATION	(Give kind at wark done		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Co	ounty & State, a	r fareign cauntry)		ZEN OF WHAT INTRY?			
L	CHEF		HOT	EL BUSINESS	VOLYN	JIA. R	USSIA		S.A.			
	13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME						
	RINEHA	RT SCHULTZ			WIEL	AHMENIA	CROSER					
	IS. WAS DECEASED EVE	R NUS ARMED FORCES?	, 16	SOCIAL SECURITY NO 17	. INFORMANT		Addr	ess				
	(Tes, no or unknown)	(If yes give war ar dates o	1 Service) 21	4-09-2263A M	R. ALVIN K	RATISE	OTTAKERTOW	N PEN	NCVIVAN	ITΛ		
F		114 1111	INTERVAL BETWEEN									
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY: Acute myocardial infarct									ONSET AND DEATH		
	IMMEDIATE CAUSE (a) Red to High deat deat The area											
	(andivans, fory, which gave) (b) Artoriosclorotic heart diagase									yrs		
1		rise to immediate couse (o), Stating the underlying couse DUE TO Generalized arteriosclerosis										
1	last.	ITAIII COOSE	(c)	veneralize	d arterios	Cleros:	15					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO BEATH RIST MOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(4)									19. WAS AUTOPSY		
1	Diabetes and obesity 20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of inem 18) OR CONTRIBUTING DICAUSE OF DEATH OF CHIPTER MOTERN PARTY HOLD AT A PARTY II of inem 18)									PERFORMED? YES NO V		
18	20g. ACCIDENT WA	S LINDERLYING	20b DE	SCRIBE HOW INJURY OCCURRE	O (Enter noture of milli	rv in Part I ar	Part 11 of stem 18)		1 15 NO [X]			
18	OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH										
13		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (hame, farm, 20f (C'ty ar 'tawn')								County) (State)		
18	Haur'a.m While Day, steel 19 While Day, steel, olice bidg, etc.) P. M. none 19 Otwork of work of work of the property of the bidg, etc.)									(
		. 110110	ot work		Dec	19 62	to July	100		\		
		eceased alive an	June	led the deceased fram. B 2119 67, and th	not death occurred			and an the	_ , iliui (i) (dhave		
	22g SIGNATURE		V LUIT	<u> </u>	rai deam occorre	4 41	2141, 110111 (00303	22b. DAT		1 00046		
		Harold P	Thite	1. 0	W.D PHYS	MED DIRECTOR	STAFF PHYS	7	LY 10, :	1067		
	22c. PHYSICIAN'S		11000		22d. ADDRESS	P DIVECTOR	, <u> </u>	- 00.	LL IVe .	1701		
	NAME (Type)	HAROLD R.	TRITO	H. JR. M.D.	302 N	POTOM	AC ST. HA	PERSTO	AN MD			
7	230 BURIAL CREMATIC	ON I 23h DATE THE		23c. NAME OF CEMETERY O			LOCATION (City or To			tate)		
	REMOVAL (Specify BURIAL	7/13	162					'	CKS CO.	,		
1	24. FUNERAL DIRECTO	R	/ 9 /	KELLERS CHUE	CH CEMETEI	REC D BY REGI		EGISTRAR'S SIG		FHA		
	CHARIES	M. ROUZER.	HASERS	Mor DI Africa	DATE	JUL 1		rchan	las June	all.		
1	CHRISTIA	IN ROUGER.	DAGERS	TOWN MARYLAN	II) DAIE							

TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death c≡rtificate be executed within 24 haurs after ■≡≡th. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filted in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Peshauld be filed with the State Dept of Health prior to buria, crematian, ar removal, and in any events within 72 haurs Page 4 may be retained by the hospital or attending physician.



10211

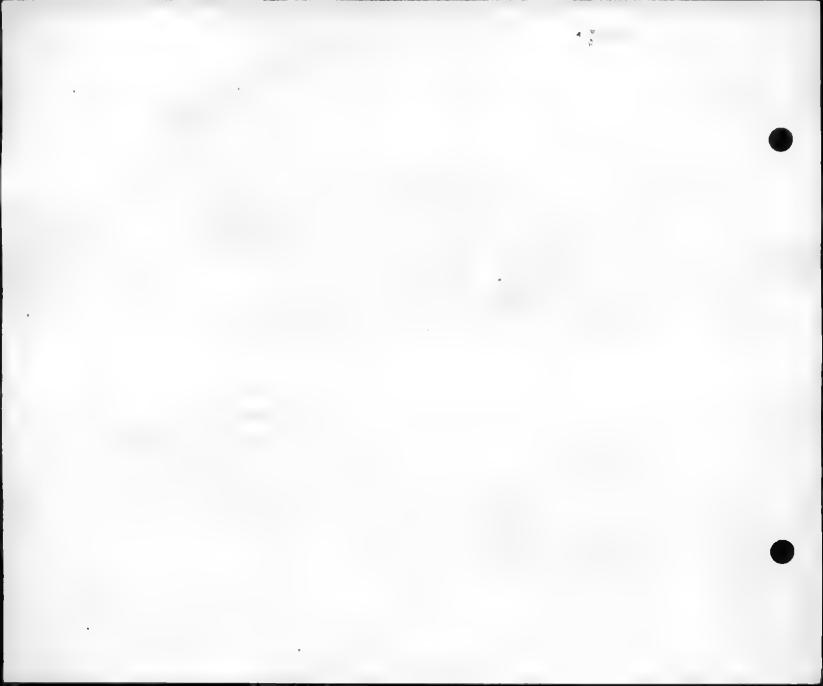
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ar il. il	211	B. III	г л	1 1	CNL	136.7	
			1 85	4.6		115	

1	TOOLE	CERTIFICATE	OF DEATH		19093
	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COUNT	
	b (TY OR TOWN (If outside corporate imits, write RURAL and give nearest town) Hagerstown	10 days	c CITY OR TOWN (If au	ts de corporate mits, write RUR/ Hagerstown	AL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Washington County Hos	,	d STREET ADDRESS RFD 4		e IS RESIDENCE ON A FARM? YES NO E
	NAME OF First DECEASED (Type or pnnt) Frances		neppard	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	July 4, 1967
	female 6 COLOR OR RACE 7 MARRIED: white widowed	NEVER MARRIED 8	6-20-02	9 AGE (In years lost birthdoy) 5 yrs.	Months Doys Hours Min
du	ring most of working life, even if retired) 110 USEWII 6	IND OF BUSINESS OR IDUSTRY	Hagersto		12 CITIZEN OF WHAT COUNTRY?
13	Albert H. Mide		14 MOTHER S MAIDEN ?	Virgie Ho	ch
15 (Y	was Deceased Ever IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or doles of service)		nformant Carl H. St	Addres neppard, Hag	
	18. CAUSE OF DEATH (Enter only one couse per live for PART DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a)	(o), (b) one ()) eur	noriti	r ×	INTERVAL BETWEEN
	Conditions, if any, which gove isse to immediate cause (a), stating the underlying cause last. (c)				
CERTIFICAT ON	PART II OTHER STONIFICANT CONDITIONS CONTRIBUTING 200 ACCIDENT WAS UNDERLYING 200 DE	SCRIBE HOW MAURY OCCURRED (w. /Ku	within Carol	in Cultures No D
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NIÚRY OCCURRED 20e PLAC	E OF INJURY (Home, form	n. 1 20f (Cty or town)	(etot2) (ytoto)
MEDICAL	Hour o.m. While p.m. 19 gt wor	Not While focto	ory, street, office bldg., etc.)		4 7
	21. I certify that (1) (this hospital) after saw the deceased alive an		death occurred at	4 A. M. fram causes a	ind on the date stated shave
	220 SIGNATURE	ley M.D		MED STAFF DIRECTOR PHYS	20 THE ONED
	226 PHYSICIANS NAME (Type) JH Geal	4/24	22d ADDRESS	x worm	W
23	o BUR AL, CREMAT ON, REMOVAL SPORTS 7-6-67	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town Hagerstown	
2	4 FUNERAL DIRECTOR Funeral Home	, Hagerstown	Md. 250 RECO		SISTRAR'S SIGNATURE

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burnal-transit permit. Then please remave carbon apers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death-TO HOSPITE OF ATTERDED PHYSICIANS The law majories that the death cartificate be executed within 24 haurs after Beath. Page 4 may be retained by the haspital or attending physician.



10212

CERTIFICATE OF DEATH

0209

PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
· COUNTY W/ achington MARYLAND	o. STATE Md b. COUNTY Wash
b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate mits, write RURAL and give nearest fown)
write RURAL and give nearest town)	Olar Spring
William Sport	d STREET ADDRESS
d. MAME OF HOSPITAL OR INSTITUT ON (If hot in haspital, give street address)	ON A FARM?
Home wood Church Home Inc	NONE YES NO P
3 NAME OF First Middle	Lost 4 DATE Manth Day Year
(Type or print) Bertha L.	Shirk DEATH July 20, 1967
S SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED	B DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS.
T WIDOWED ID DIVORCED FOL	oct 6, 1880 (ast bethday) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	1) BIRTHPLACE (Country & State, or foreign country) / 12 CITIZEN OF WHAT
during most of working life, even fretired) INDUSTRY	Pia = 1 41 COUNTRY? 1 CA
Joinestic Housewite	DIT FOOT MA UST
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. MUFFa 7	Deliliah learick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Z750 Va Aug
(1'es, no, ar unknown) (11' yes give war ar dales ar service) 215 - 36 - 6037A	much swager Just walst 21795
1B CAUSE OF DEATH (Enter on y one cause per line (enter), (b), and (c))	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE (AUSE (a)	VE Sundy Jugus
Conditions of the which area 3	
nse to immediate couse (a)	
stating the underlying couse Dut 10	ine Co V hous 8 years
last. (c) Vy Reviews	544 C 7 70 T
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
OD ,	YES NO
200 ACCIDENT WAS UNDERLYING DEATH 200 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of Item 18)
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF NJURY (Home form, 20f (City ar town) (County) (State)
Haur a.m. While Not While tack	tory, street, office bldg., etc.)
The state of work and the state of work and the state of	V -+ 10/12 + 11 0 221 10/201-10/1
21. I certify that (1) (this hospital) attended the deceased from saw the deceased glive on Fully 13 1967, and that	t death occurred at 4 M, from couses and on the date stated above
220. SIGNATURE Robert P Conrad W	ATTENDING MED. STAFF 226 DATE SIGNED ATTENDING DIRECTOR PHYS 7-20-67
700 200, 7	
22c PHYSICIAN'S Robert P. Corrad	22d ADDRESS A SLEASTIFIEM We al
11010111 0011100	1109-100011 1100
230 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	
SWY4(STY) 7-23-67 Shakktown	Cemetery Big Pool, Md.
24 FUNERAL DIRECTOR ADDRESS .	250 REC D BY REGISTRAR 256 REGISTRAR S S GNATURE
24 EUNERAL DIRECTOR Minnich Funeral Home, Hagerstown,	Md. July 24 1967 Cliarles Judge

chon payers. Pages I and 2 ett, within 2 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complicator, page 3 shauld be detached far use as the burial-transit permit. Then please remave is shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any evel



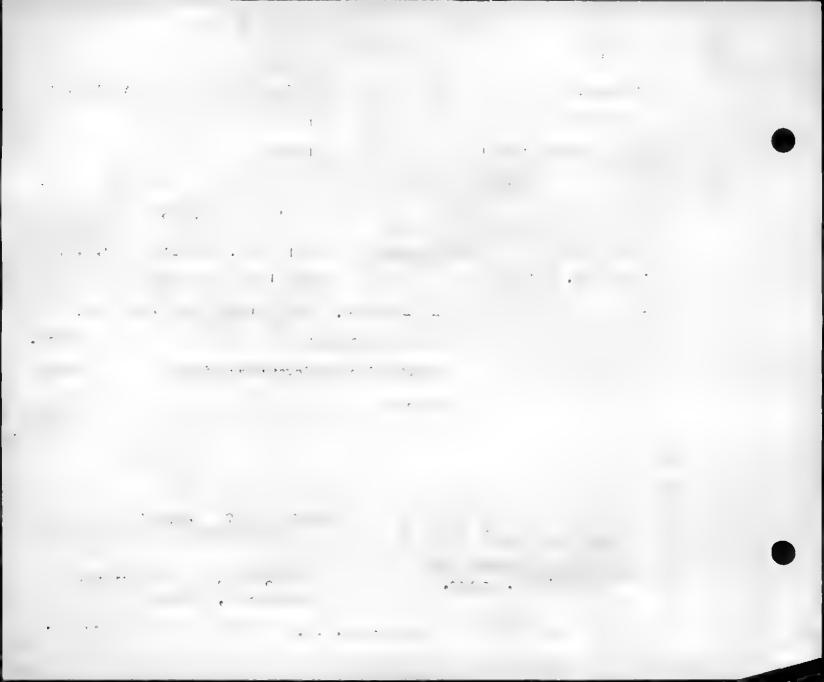
102

0213

CERTIFICATE OF DEATH

-			CEICITE	14111	OI DEAIL						
PLACE OF DEATH COUNTY					2. USUAŁ RESIDENCE (V	Where deceoses	d aved, if nstituti b COUN		e before	admiss o	an)
WASHIN	GTON		MARY	FLAND	MARYLAND)		WASH	NGT	'ON	
b CITY OR TOWN	(f outside carparate limits,		c. LENGTH OF STAY I	N 1b	CITY OR TOWN (If ou	itside carparate	limits, write RUR	AL and give	nearest	(nwb1	
HAGERS	nd give nearest town) TOWN		2 YEARS	3	BIG POOL				,		
d NAME OF HOSP	TAL OR INSTITUTION (If not in	n hospital, g	ive street address)		d STREET ADDRESS			de .	e	IS RESIT	
MARTIN	MANOR NURS	BING	HOME		BIG POOL				Y	ON A F	NO NO
NAME OF DECEASED	FRANK		OTHO Middle		SHI VES	4 DATE OF	Mont JUL Y	23	Day	6.7	
(Type or print)		ALABBIED		-	8 DATE OF BIRTH	DEATH	AGE (In years	IF LINDER 1	VEAD T	IF UNDER	
WHITE		. MARRIED WIDOWED	NEVER MARRIED DIVORCED		12/27/1890	1	asi bythoy)	Months	Doys	Haurs	Min
Oa USUAL OCCUPATIO	N (Give kind at work cone g life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& Stote, or fare			IZEN OF JNTRY?	WHAT	
STORE	CLERK	GOV	ERNMENT		WASHINGTO		RYLAND	U	S	10.	
3. FATHER'S NAME THOMAS	W CHIVEC				14. MOTHER'S MAIDEN I		DEADD				
		100				BELLE					
Yes, na, ar unknawn)	ER IN U.S. ARMED FORCES? (If yes give wor ar dates of se	Vanua	SOCIAL SECURITY NO		INFORMANT		Addre				
NO			20-16-341	MR	. EARL SHI	VES	BIG PO	OL, P	AD.		
IB. CAUSE OF I	DEATH (Enter anly one couse ATH WAS CAUSED BY:	per line for	(a), (b), and (c).)		-1					RVAL BET	
	IMMEDIATE CAUSE (a)		Cerebral H	TOME	rnage			_	019	ZMPS	left in
443	DUE TO				0 11	The state of	_			1	
Conditions, if on			Hypertens	1Ve	Cardiovascul	Lar Di	sease		un	know	m
rise to immedia stating the und											
last.) (c)		Unknown						<u> </u>		
PART II OTHER	SIGNIFICANT CONDITIONS CONT	TRIBUTING T	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(a)		19	NAS AUTO PERFORM	EDSA
									YES		HO [3
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OF	CCURRED	(Enter nature of injury in	Part I or Part	I of item 18.)				
	JURY Month, Day, Year	20d IN While	JURY OCCURRED Not While		CE OF NJURY (Hame farm		(City or tawn)	(Co.)	inty)	((State)
р р	.m. 19	at war	1101 117110	-	orf, sireer, orince bidg., etc.,						
21. I cert	ify that (I) (this hospit	a l) attend					July 2		7 , the		
	deceased alive an	11y 23	19 67 , c	and tha	t aeoth occurred at	4:50PM	(fram causes o	and an th	e date	stated	s abay
22a SIGNATURE	1/1/		10		ATTENDING	MED.	STAFF -	22b. DA	TE SIGNE	D	
1//	17 Hogn	100 m	al.	M.I	D. PHYS	DIRECTOR L	→ PHYS. ⊢				
NAME (Type	William T. I	Laymar	19		221 Offrofe	ssiona	l Arts H	Buildi	ing		
30 BURIAL, CREMAT	ION, 236 DATE THERE	OF	23c NAME OF CEME	TERY OR	CREMATORY	23d LOC/	ATION (City or Tox	vn)	(Caunty)	(5	tate)
REMOVAL (Specif	7/25/65	7			44.	BIC	naai	WASH	1	MD.	
24. FUNERAL DIRECT			ADDRESS	UE	2Sa REC'E	B I G D BY REGISTRA		G STRAR'S SI			_
2/20	a V el		11.	-13	had DATE J		1967	Lucias	read,	Junk	3
ACCOR	ex TXX	LLC.	MENTER		TATAL DAME OF	V					

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and complete. After hilled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any every within 72 haurs after death. 10 FOR ITAL OF ATTIMEME. HYPICIAN: The law requires that the death cert ficate ... executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicial.



10214

CERTIFICATE OF DEATH

13211

	PLACE OF DEATH O. COUNTY WAS hing for MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if Institution: Residence before odmission) b. COUNTY FANK (Ch
- E	b (ITY OR YOWN (II outside corporate limits, write RURAL and give negres) town) With RURAL and off offer persons town) With RURAL and offer persons town) With RURAL and OF STAY IN 1b CUTAL— CNO. IN DELS DUTG 7
1	o name of hospital or institution (if not in bospital, give street address) Oash, e, to spilal laboress chambers burg test no possible of the spilal laboress of the spilal labores of the spilal lab
	NAME OF DECEASED (Type or print) HIRAM E. SHUPP DEATH SULY 17 1967
S. :	WIDOWED DIVORCED Oct. 7. 1874 Got birthday) Months Days Haurs Min
dur	JSUA OCCUPATION (Give kind of work done in more state) 10b KUND OF BUSINESS OR IT BIRTHPLACE (County & State, or foreign country) 12 (ITIZEN OF WHAT COUNTRY) 12 (ITIZEN OF WHAT COUNTRY) 12 (ITIZEN OF WHAT COUNTRY) 13 (ITIZEN OF WHAT COUNTRY) 14 (ITIZEN OF WHAT COUNTRY) 15 (ITIZEN OF WHAT COUNTRY) 15 (ITIZEN OF WHAT COUNTRY) 16 (ITIZEN OF WHAT COUNTRY) 17 (ITIZEN OF WHAT COUNTRY) 18 (ITIZEN OF WHAT COUNTRY) 19 (ITIZEN O
	Daniel Shupp 14 Mothers Malden NAME Weller
(Ye	WASTECEASED EVER IN-US ARMED FORCES? 16 SOCIAL SECURITY NO 15 INFORMANT (Il yes give was or dutes of service) 201-18-1657 MM Litz White-Chambersburg
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ONSET AND DEATH
	Conditions, if any which gove rise to immediate couse (o), stating the underlying couse
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES NO
L CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18)
MEDICAL	20c TIME OF IN.JRY Month, Doy, Year Hour a m. p.m. 19 20d INJURY OCCURRED While Not While of work of work of work of work
	21. I certify that (I) (this haspital) attended the deceased from
	220 SIGNATURE MED STAFF PHYS DIRECTOR PHYS 22b DATE SIGNED 22c PHYSICIAN S 22c PHYSICIAN S 22c PHYSICIAN S
	NAME (Type) W. C. BREWER Greencastle, 14.
	REMOVAL Specify) 23b, DATE/HEREOF 23c, MAIN! OF PEMBLER'S OR GREMATORY (23d TOGATION (C by of Town) (Couply) (Stote)
24	ADDRESS PEGISTRAR S GNANIRE STATE AND THE STATE OF THE ST

ALLE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and computely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

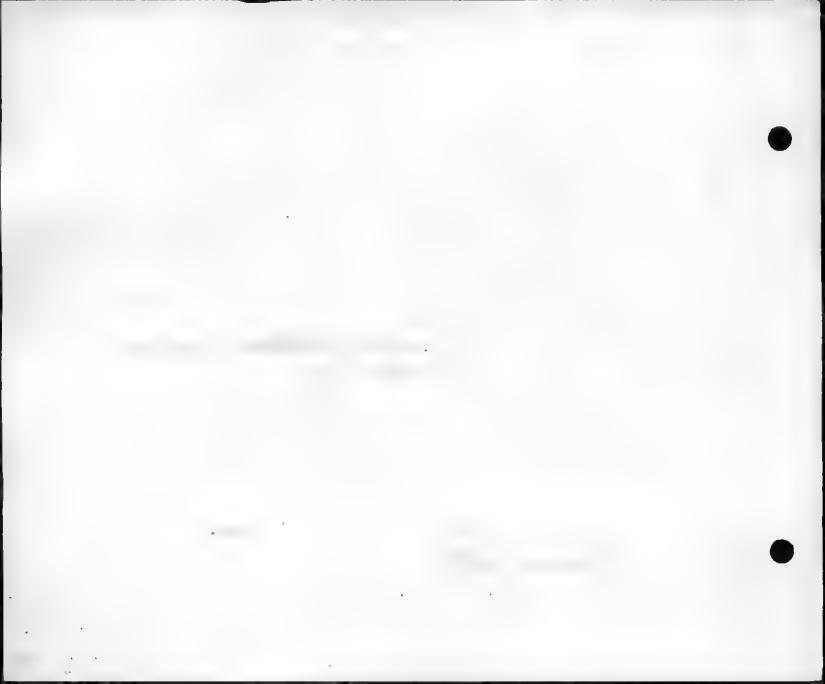
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death



10543

	10213)		CERTI	FICATE	OF	DEATH					J. V	1-1-1-	
1	PLACE OF DEATH o COUNTY	WASHIN TON		MA	RYLAND	2 USU a 5	AL RESIDENCE	(Where ARYL		rved, if ins	titution 1 COUNTY		efore adm	
	write RURAL one	f autside carparate limits, give nearest town) RSTOWN		c LENGTH OF STAY		c CITY	OR TOWN (If		orporate I		RURAL o	ond give ne	11	
	& NAME OF HOSPITA	AL OR INSTITUTION (fination TON COUNTY)					et address WASHIN					6.4	e IS R ON YES [A FARM?
3	NAME OF DECEASED (Type or print)	DIANE		MARIE		SIN	Last NER		OATE OF DEATH		Month ULY		Day	Year 19 67
	SEX FEMALE	THITME	MARRIED WIDOWED	NEVER MARRI			7, 196	67	9. Al	GE (In yeor st _a bigthday y	/) Mc	LNDER 1 YE		IDER 24 HRS
		LAL OCCUPATION (Give kind of work done most of working life, even if retired) NONE NONE				11 BIRTHPLACE (County & State, or foreign country) WASHINGTON CO. MARYLAND. 12 CITIZEN OF WHAT COUNTRY. S.A.								
13	3. FATHER'S NAME STEWARD L. SINNER					14. MOTHER'S MAIDEN NAME DORIS CEARFOSS								
15 (Y	es, no, acunknawn)	R IN U.S. ARMED FORCES? (If yes give war or aptes af se	VI.	SOCIAL SECURITY NO N/A		NFORMA . ST	nt EWARD 1	L. S	INNE			LEY I		
	Canditions, if ony, rise to immediat stating the under	which gave e cause (a), lying cause (c) (c)	R	Prema	til	de De	AN YUN	M	57	nd 4	Unw		ONSET AN	ne
CERT FICATION	PART I OTHER SIG	GNIFICANT CONDITIONS <u>CONT</u>	RIBUTING T	O DEATH BUT NOT R	ELATED TO T	HE TERM	INAL DISEASE C	ONDITIO	N GIVEN I	PART I(o)		PERFO YES	ORMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b DE	SCRIBE HOW INJURY	OCCURRED (Enter no	ture of injury ii	n Port I	or Port II	of item 18)			
MEDICAL	20x TIME OF INJU Haur a n	10	20a It While at wark	JURY OCCURRED Not While at work			URY (Hame, fa , office bldg., et		20f (C	ity ar towr	1)	(County)	(Stote)
	21. I certify that (I) (this hospital) attended the deceased fram July 7, 1967, to July 8, 1967, that (I) (we) last saw the deceased give an July 8, 1967, and that death occurred at 1:30M, from causes and on the date stated above.													
	22a S GNATURE 22c. PHYSICAN'S	Larold /4	GIA	8	M.D	PHY	NDING X	MED. DIRECT	TOR 🗆	STAFF PHYS		JUI		, 1967
	NAME (Type)	HAROLD H.	GIS	r, M.D.		21						TOWN,	MAR	YLAND.
23	BURIAL CREMATIC	7/11/6		23c NAME OF CE						ON (City o		,	unty)	(State)
2	4 FUNERAL DIRECTO			MT . TABO	R LUT	1 . CH			EGISTRAR		REGIST	RARS SIGN		MD.
	CHARLES 1	M. ROUZER. H	LAGER	STOWN MA	RYLAN	0	DATE	JUL	14	196/	F	Char	Can y	udgla

to Hospital or attending physician: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 19 should be filled with the State Dept of Health priar ta burial, crematian, or remaval, and in any event, with prize baurs after Page 4 may be retained by the haspital or attending physician.



10215

CERTIFICATE OF DEATH

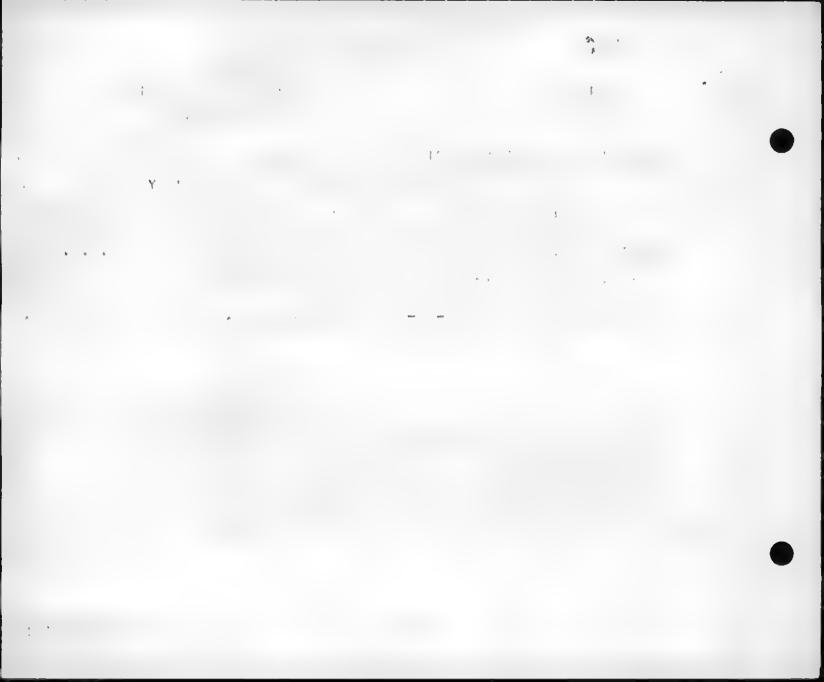
~	\wedge	S.	4	.7	
	4 18	1	P	-4	
=	U	Fel	-Nideal	1	

	PLACE OF DEATH					2 USUAL RESIDENCE (V			Residence before o	dmission)
(o. (QUATY Washin,	gton		MARYLA	AND	o. YATE Maryland		b county Basi	nington	
I	L CITY OR TOWN (If outside corporate limits,		c LENGTH OF STAY IN	1b	c CITY OR TOWN (If ou		te limits, write RURAL	ond give neorest to	own)
1	Hagers	give neorest tawn)		1 Week		Rural Ro	hrers	ville	, , , , , , , , , , , , , , , , , , ,	
[e] C	d, NAME OF HOSP T	AL OR INSTITUT ON (If not	in hospital, gi	ve street oddress)		d STREET ADDRESS				S RESIDENCE ON A FARM?
r F	Washin	gton County	Hospit	al		Rfd. 1			YES	The second second
	NAME OF	First		Middle		Lost	4. DATE	Month	Doy	Year
	DECEASED (Type or print)	Garley	Roose	evelt	Sm	ith	OF DEATH	July	3,	19 67
5 5	SEX	6. COLOR OR RACE	7 MARRIED	X NEVER MARRIED	☐ B.	DATE OF BIRTH	9	AGE (In years		UNDER 24 HRS
	Male	White	WIDOWED	DIVORCED		uly 4, 1902	2	last birthdey) (Months Days 1	IDDIS MINI.
100	LSLAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		11 BIRTHPLACE (County	& State, or foi	reign country)	12 CITIZEN OF W	HAT
uuii	Ing most of working	me even a retueul	Co	Road Dept		Rural Roh	rersv	ille, Md.	U. S.	A
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME			
	George :	E. Smith				Emma Seig	ler			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO	17 IN	FORMANT		Address	Md.	**
(18	No.	R IN US ARMED FORCES? (If yes give war or dotes of s	213	-12-7222	Mrs	. Clara M.	Smith	, Rfd. 1	Rohrersvi	lle,
	Conditions, if any rise to immediat stating the under lost.	e couse (o),) <u>Ast</u>	ienent	D.c	ice hours				AND DEATH
NOIL	PART I OTHER SI	GNIFICANT CONDITIONS COL	NTR BUTING TO			E TERMINAL DISEASE CON	ID TON GIVE	N IN PART I(o)	IP WA	AS AUTOPSY REODMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	77.	JRRED. (E	nter noture of foury in I	Port I or Par	1 I of item 18)	10)	
MEDICAL	20c TIME OF No. Hour or p.i	1.0	20d IN While ot work	Not While		OF INJURY (Home, form y, street, office bldg., etc.)		(City or town)	(County)	(Stote)
i	21. 1 certi	fy that (I) (this haspi	tal) attend	ed the deceased fr	am	, 1	9, f	α	_, 19, that	(I) (we) last
		eceased alive an		19, an	d that	death occurred at	N	t, fram causes an		tated above
	220. SIGNATURE	14	1/2	reuln	M D	PHYS	MED DIRECTOR	STAFF PHYS.	22b DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type		ets !	M.D.		22d. ADDRESS 3				
230	BURIAL, CREMACO	1		23c NAME OF CEMETE			23d LO	CATION (City or Town	(County)	(Stote)
	REMOVAL Specify	1	67		rove	Cemetery	L	ocust Grov		· Md ·
24	FUNERAL DIRECTO	IR .		ADDRESS		250 REGIO	BY REGISTR	1967 ²⁵⁶ REGIS	TRARS S GNATURE	uchar.
Jo	ohn H. Ba	ast, Jr. 112	N. Ma	in St. Book	nsbo	ro, Md DATE	***			0

TO FUNERAL BIFFCTOR: After this certificate has been signed by the attemping physician and completely filled in by the forestal director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burnal, crematian, or removal, and nony event, withy 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician.



IUZIA	CERTIFICATE	OF DEATH		10211
PLACE OF DEATH a. COUNTY WASH MGTON b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN d NAME OF HOSP TAL OR INSTITUTION (If not WASHINGTON COUNTY)	2 WEEKS	a STATE MARYLAND	b. COU	NGTON
3 NAME OF Firs		Last	4 DATE Mont	
(Type or print)	SAMUEL SM	TH	OF DEATH JULY	22 19 67
S SEX 6 COLOR OR RACE WHITE	WIDOWED DIVORCED .	DATE OF BIRTH 10/25/1876		Manths Days Hours Min
10a USLAL OCCUPATION (Give kind of work done during most of working life, even if ret red) KKEK FARMING	106 KIND OF BUSINESS OR INDUSTRY FARM	PENNSYLV		12 CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME		14. MOTHER'S MAIDEN N		
PHILLIP SAMUEL SI 15 WAS DECEASED EVER IN U. S. ARMED FORCES?	M (TH 16. SOCIAL SECURITY NO. 17. IP	MARTHA N	IORGAN Addre	are
(Yes, na, ar unknawn) (If yes give war ar dates of				HANCOCK. MD.
18 CAUSE OF DEATH (Enter only one cous PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (se per line for (a), (b), and (c)) (a)			NIERVAL BETWEEN ONSET AND DEATH
rise to immediate cause (o), stating the underlying cause lost	10) Weater gan	gree 2-	1,3RdOff	toes I mo.
18 12	ONTRIBUTING TO DEATH BLY NOT REATED TO A	TERMINAL DISEASE CON	: semilit	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW MISORY OCCURRED IN	titles notice of injury if a	un rois in ois near ray	0
2Dc T ME OF INJURY Month, Day, Year Hour o.m. 19		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f (City or town)	(County) (State)
	phiaty differenced the deceased fruiti		63 to July 2	2, , 19 6 7, that (I) (we) lo and an the date stated above 1 22b. DATE SIGNED
7017 THE GEOGRAPH CHIEF CHI				
220. SIGNATURE COMMENTS	2. Moran MD		MED STAFF DIRECTOR PHYS.) Zio. Date sioned
220. SIGNATURE John (a. Moran M.D	PHYS 22d. ADDRESS		wn) (County) (State)



10919

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- 1	1 1	1.	79	2.0
_39	3.7	S-uf		5.2

	LUZIO	CERTIFICATE	OF DEATH	1()216
	PLACE OF DEATH S. COUNTY Washington	MARYLAND	Maryland		
	b CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e tength of stay in 16 9 Mos	CITY OR TOWN (If au	tside carparate limits, write RURA, and give	e neorest town)
	Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d. STREET ADDRESS	rmote	IS RESIDENCE
	Homewood church Home	Inc	306 Turn	nbridge Road	ON A FARM? YES NO
	NAME OF First DECEASED FIRST	Middle C C C C C C C C C C C C C C C C C C C	LOST	4 DATE Month OF Table 9 3 0 C	Doy Year
_	(Type or print) BERTHA SEX 6 COLOR OR RACE 7 MARRIED	G SPENCE	. DATE OF BIRTH	P. AGE (In years 15 UNDER	
e	male White WIDOWED		oct 30 189	lost birthday) Months yrs.	Days Hours Min.
dur		OMD HOME		re City Md 0	ZEN OF WHAT UNTRY? SA
1	Charles Davis Barr	er		th Anne Roemer	
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16		FORMANT	Address	Ave
	18 CAUSE OF DEATH (Enter only one cause per line to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove nise to immediate cause (o), stoting the underlying cause (c) Last. (c)	(o), (b) and (c).)	Williams	sport Md. 21795	INTERVAL BETWEEN
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TO	HE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20o ACC DENT WAS UNDER YING ☐ 20b E OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in F	art For Part II of tem 18)	
MEDICAL	2Dc TIME OF INJURY Month, Day, Year 2Dd While Park 2Dd While 2Dd W	le Nat While I lacta	E OF INJURY (Hame, farm iry, street, affice bldg., etc.)	, 2Df (City or tawn) (Coa	unty) (State)
	21. I certify that (I) (this haspital) after saw the deceased a ive an2 — C	nded the deceased fram	death accurred at	9 9,9 , ta 7 - 9 , 19 6 P , M, fram causes and an th	that (I) (we) las ne date stated abave
	220. SIGNATURE Robert P. Y	Durad MD	PHYS.	MED. STAFF 22b DA	T-10-67
	22c. PHYSICIAN'S Robert	? Corrad	22d. ADDRESS	tagers town	אדור.
230	BURIA, (REMATION, REMOVA. (Specify) 71/13/67	23c. NAME OF CEMETERY OR C		23d 10CATION (City or Town) Baltimore City	(County) (Store)
	FUNERAL DIRECTOR Hagerstown		25a. REC'D	BY REGISTRAR JOSH REGISTRARS S	GNATURE JUNG TE

TO NOTITAL OF ATTENDING PRYSICAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and carcaletely filled in by the trineral director, page 3 should be detached for use as the burial-transit permit. Then please retroive fortion papers. Pages and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected the Poge 4 may be retained by the haspital or attending physician.

he Unera



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 It CERTIFICATE FOF DEATH b = mxecated within 24 hours after Jeath. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH g. COUNTY b. COUNTY Washington

b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Washington after MARYLAND by the fa Pages-1 C LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi hin 72 hours a 24 hrs. Hagerstown Md K4 NTS
d NAME OF HOSPITA, OR INSTITUTION (final in hospital, give street address) Clear Spring. d. STREET ADDRESS e S RESIDENCE ⊆ ON A FARM Rural within Washington Co. Haspita pgu 3 NAME OF Fist Middle 4 DATE Month Dov campletely DECEASED DEATH (Type or print) Daisv 5 even S SEX IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove Months Doys Hours Se Se WIDOWED D-VORCED and 10o. USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b K NO OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) and in physician ar ien please r **COUNTRY?** during most of working life, even if retired) INDUSTRY MINSICIAN: The law mayires that the death certificate Home Duties
13 FATHER'S NAME II S House werk Unknown

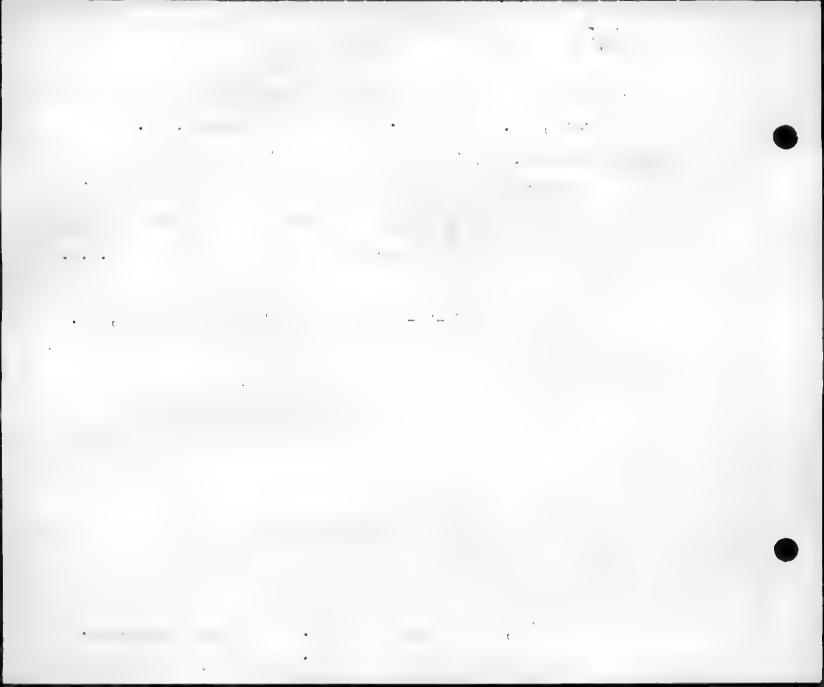
14. MOTHER'S MAIDEN NAME crematian, ar remaval, Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) SONSED AND DEATH transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ Page 4 may be retained by the haspital ar attending physician. DUE TO signed l burial ti burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priar to has been lost. WAS AUTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION State Dept. of Health englikens NO certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ATTENDING of work at work þe 21. I certify that (I) (this haspital) attended the deceased fram. ta. 19___, that (I) (we) last age 3 shauld to filed with the S TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the S M, fram causes and an the date stated above and that death acturred at saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED MED. STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hagerstewn Burial Rese **ADDRESS** 2Sb. REGISTRAR S SIGNATUR

Clear Spring,

250. REC'D BY REGISTRAL

VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	2	2	0				

1	CERTIFICAT	E OF DEATH
Ī	I PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
ł	O. COUNTY WAS SHILLED TO W MARYLAND	O. STATE MAIRULAND. WASHINGTON
ŀ	b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16	c CTTY OR TOWN (If guitside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town) HACE RSTOWN 2 MONTHS	
ŀ	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
١		ON A FARM?
ŀ	WASH COUNTY HOSPITAL 3 NAME OF FIRST / Moddle	Last 4 DATE Manth Day Year
ı	DECEASED	OF
V	(Type or print) 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	EVENS DEATH SULY 22 1967 8. DATE OF BIRTH 9. AGE (IN YEAR) FUNDER 1 YEAR IF UNDER 24 HRS
J		last birthday) Months Days Haurs Min
	FENULE WHITE WIDOWED DIVORCED	TEB-11-1967 YIS 5 11
ı	IDO USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State or Fareign country) 12 CITIZEN OF WHAT COUNTRY?
ŀ	NONS	HAGERSTOWN WASH, CO. KID. U-S-A.
ı	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
1	EDWARD STEVENS	BONNIE KERSHNER
I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give wor or dotes of service)	INFORMANT
	NONE E	DWARD STEVENS FAIRPLAY MD.R.
ł	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ASPIRATION PN	EUMONIA
	DUE TO	SUDDEN
ı	Conditions, if any, which gave (b)	
١	stating the underlying couse Dut 10	
ı	last. (c)	
ı	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	MULTIPLE CONGENITAL ANG M	
1	20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CLOSE OF DEATH OF THE PROPERTY REPORTS OF PEATH OF THE PEATH OF	(Enter nature of injury in Part I or Port II of item 18.)
ı		
ı		LACE OF NJURY (Home, form, 2Df (City ar town) (County) (State)
Į	p.m. of wark LJ of work LJ	
ĺ	21. I certify that (1) (this haspital) attended the deceased fram_	3/17 , 196/2 to 7/00, 1967, that (17 (we) last
ı		at death accurred at 11
ł	220. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
-		A.D PHYS DIRECTOR PHYS DI 7/34/67
1	1221. PHYSICIAN'S RIZALITO AMARILLO	SHAPPSBURG Md.
	230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY O	
	PEMOVAL (Spaciful)	
ŀ	PLRIAL 7-25.1967 INSIEN LAW 24. FUNERAL DIRECTOR ADDRESS	250 RECD/BY REGISTRAR 2 250 REGISTRARS SIGNATURE
V	Jount Bart S, Branconna	OTA DATE IIII 26 1967 Actionles Judge

to FUNERAL DIRECTOR: After this cert fcate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the doubt certificate be executed within 24 hours ofter Beath. Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

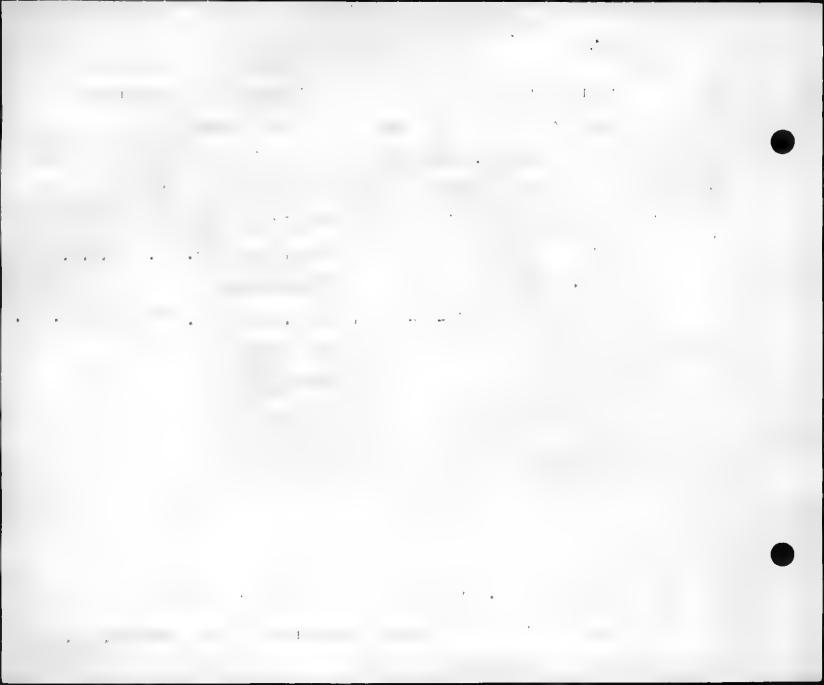


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	1000	L.		CERTI	FICATE	OF DEATH		2033	- L
1	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, f institut	tian Residence befare	admission)
	a. COUNTY	1.110=0		14.4	DVIAND	a. STATE	b. cou		
L		I NGTON It autside carparate limit	60	c LENGTH OF STA)	RYLAND	MARYLA	Its de carparate limits, write RJ	SHINGTON	
	write RURAL and	give nearest town)	,	C LENGIN OF SEAT	i iu i n	C CITY OK TOWN (IT at	irs de carparate ilmits, write ku	KA1 dno give neotest	town)
	RURA	L HANCOCK	<	25 YEAR	RS		HANGOCK		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at n haspital, g	give street address)		d STREET ADDRESS		6	IS RESIDENCE ON A FARM?
	RFD	#1. HANCO	ock. M	ARYLAND		RFD #1		У	ES NO NO
3.	NAME OF		irst bri	Middle		Last	4. DATE Mon	th Day	Year
1	DECEASED	RUTH	BRO	OK TA	NEYH		OF ,	,	167
-	(Type or print) SEX	6 COLOR OR RACE	7 MARRIED			B DATE OF BIRTH	9 AGE (In years	12	IF UNDER 24 HRS
ĺ	F			NEVER MARR			Inst hirthdoy)	Months Days	Hours Min
		WHITE	WIDOWED		10 L	/22/1887	80 yrs		
	o USLAL OCCUPATION uring mast of working	(Give kind of work dane		ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF COUNTRY?	WHAT
a.	HOUSEWI	FE	The state of the s	DOSTK?		WASHIN C	TON CO. MD.	COUNTRY /	
T;	3. FATHER S NAME					14. MOTHER S MAIDEN		N. C. O.	-
	GEORGE	H. BROOK							
1			16	SOCIAL SECURITY NO	17 1	ADA TAY	LOR Addr	atr	
Ö	res, na, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates				IN ORMANI	41		
	NO		21	<u>7-36-056</u>	ALL8	MES R. BR	OOK RD RD#		
Г		EATH (Enter only one co	use per liqe far	(a), (b), and (c).)	Ø 1	ń	11 00		RVAL BETWEEN
	PART DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(n) Cer	rebra		ascula	~ Accider		ET AND DEATH
	1	X DUI	. ,	1-0	^	0 . !	. ^		20000
	Canditions, if ony		(b) D	Sherry	DAVI	2 PATE	LOCUPAN, NA	segar.	,
	rise to immediat		10	-y		04-44-74			
	stating the under	rlying cause						:	
		,	(c)					110.3	UIAC AUTONOM
종	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING I	10 DEATH BUT NOT R	RELATED TO	. 17	NO TON GIVEN IN PART (10)		WAS AUTOPSY PERFORMED?
CATE			Ct	nger	suo	exeast	- Fairly	YES YES	NO 🔲
CERTIFICATION	20a, ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY	OCCURRED -	(Enter nature of injury in	Part Lor Port II of tem 1B)		
Œ	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
MFDICAL	20c TIME DE IN.	JRY Month, Day, Yeor	20d II	NJURY OCCURRED	20e. PLAI	E OF INJURY (Home, for	n 20f (City or tawn)	(County)	(State)
AFD!	Hour o.r	π.	While	Nat While		ory, street, office bldg., etc.		, , , , ,	,
_	pr		at war		1	1 18		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
		fy that (1) (this how	(pital) attend			Mey 10	967, to July 1	2., 1967, the	at (1) (we) las
		eceased alive an	July	<u>(() 1967,</u>	, and firth	death accurred of	1:30AM, from couses		
	220 SIGNATURE	0	2, 0	,		ATTENDING	MED. STAFF	22b. DATE SIGNE	D
	Cha	Les or	.W.	lerer,	M.D		DIRECTOR PHYS] /-/:	2-6
	22c. PHYSICIAN S					22d ADDRESS			7
	NAME (Type)	CHARLES	R. WIE	ERER		HANCOC	MARYLAND		
2:	BORIAL CREMATIC		IFR FOF	23c NAME OF CE	METERY OR		23d LOCATION (City or To	wn) (Caunty)	(State)
	REMOVAL (Specify) .	. 4				1	, (capital)	(said)
-	BUR LAL	7/15/	07	CATALP	A ME	THODIST	BY REUSTRAL HANK	KOIDIK CC CIMID	
1	rancial birecto	" ((()	4	11				Valiantes	Undel
L.	Lulia	act of	Vione	- HOH	1600	to mo DATE J	OF T (1961	1	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the doubt certificate by executed within 24 haurs after death. the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban appers. Pages should be filed with the State Dept of Health priar to bur al, cremation, or remaval, and in any every, within 72 hours Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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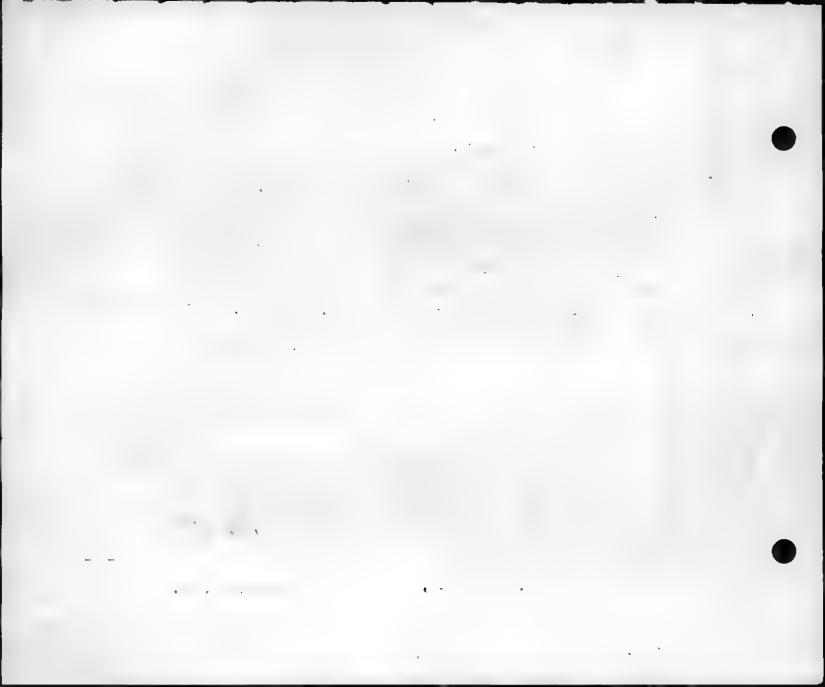
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		MARYLAND STATE DEPARTMENT OF HEALTH	
	DIXIŞIQN OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
1	3222	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	16.20

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY					
Washington MARYLAND	Maryland Washington					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hagerstown 2 days	#1 RFD Williamsport					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS B. IS RESIDENCE					
Washington County Hospital	RFD #1 Williamsport YES NO K					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) CEORGE CLAIR	TRUITT Sr. DEATH July 16 1967					
5. SEX 6. COLOR OR RACE 7, MARRIED X NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.					
Male White WIOOWEO DIVORCED	June 25 1908 59 yrs. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Salesman Lumber % Supplies	Baltimore Md U.S.A					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Samuel Truitt	Ida Mae Bixler					
(Vas no se unkown) ((If yet nive were at dates of service))	INFORMANT Address Williamsport Md.					
No 11 yes give war or dates of service) 215-03 8202 N	rs. Lillian D. Truitt RFD #1					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	lateral infanction longer and Death					
DUE TO						
Conditions, If any, which) (b) R+ COVINIA	un occionion ?					
gave rise to Immediate (
cause (a), stating the DUE TO underlying cause last.	V					
ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT REL 208. ACCIDENT WAS UNDERLYING TO CAUSE OF OFATH (IF EITHER, NOTIFY MOICAL EXAMINER)	PERFORMED? YES NO []					
202. ACCIDENT WAS UNDERLYING 20D. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY INCOICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU fact with at work at work	at hattand amag wingst agail					
21. I certify that (I) (this hospital) attended the deceased from	July , 1963, to July /6, 1967, that (1) (we) last					
	it death occurred at 2 2M, from the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
W. M. M.						
22c. PHYSICIAN'S NAME (Type) Max E. Byrkit M.D.	22d. ADDRESS					
	Williamsport, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)						
urial July 19-67 (Lorrain Comet						
24. FUNERAL ÖIRECTOR ADDRESS	258. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Albert L. Leaf Williamsport, Md.	ope 19 1967 Scharles Judge					



completely filled in by the funeral in papers. Pages 1 and 2 shalld himse hours after death.

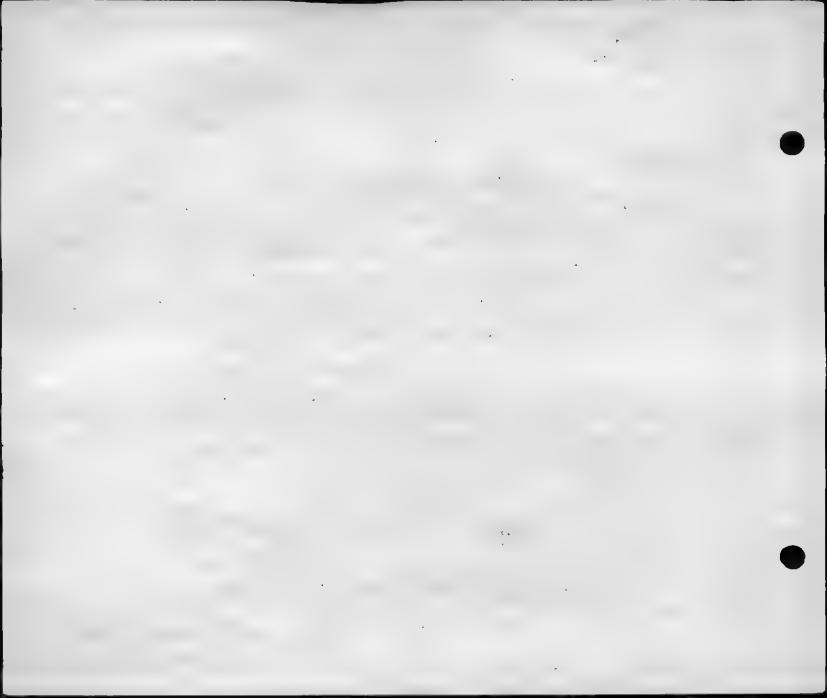
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1923

	ICE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission OUNTY
	Washing for MARYLAND D. STATE PENNS B. COUNTY Schulkill,
b	ITY OR TOWN (if outs de corporete limits, write RURAL end g vanheerest town) write RURAL end give necest town)
	Hagerstown RD + Ashland
d	AME OF HOSPITAT OR INSTITUTION (if not in hospital, give street address) o. IS RESIDENC ON A FARM
	Avalon Manor Home PD #1. YES NO
	ME OF First Middle Last 4. DATE Month Dey Year OF
	or printi William Joseph Wagner DEATH DUG 13, 1967
5.	
/	12/2 Wh, fe WIDOWED DIVORCED June 2 1885 92 yrs. Months Deys Hours Min.
10e.	SUAL OCCUPATION (Give kind of work uring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY uring most of working life, even if retired)
-	Supervisor Road usus Schoolkilla Ronna USA
13.	THER'S NAME 14 MOTHER'S MAIDEN MAME
	John Z Wagher Sorah Buxlet.
	S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SCURITY NO. 17. INFORMANT O, or unknown] (Ifyesgivewergrdetesoftervice)
1100	185-09-6428Min John & Grove. Humosth, 19
	CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORB bral thrombosis
	X DUE TO
	notitions, if any, which } ibi Arterios clerosis - Sanarelized , 2755-7
	ve rise to immediate ceuse DUE TO DUE TO
	iso lost. 12 beter Mellitus.
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
15	YES NO Z
	. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.)
	EITHER, NOTIFY MEDICAL EXAMINER)
WEDICAL	c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour a m While Not While fectory, street, office bldg., etc.)
₩ED	Hour a.m. While Not While et work et work to the clory, street, office bidg., etc.)
	I certify that (I) (this hospital) attended the deceased from FRS 17 1965 to TVAS 13 1967, that (I) (we) la
	w the deceased alive on . T. V. 1319.6.7., and that death occurred at 15 M, from the causes and on the date stated above
	SIGNATORS 22b. DATE SIGNS
	M.D. PHYS. DIRECTOR PHYS.
	NAME (Type) / - 1 / A / H o F F m 2 = 22d. ADDRESS
	Llote Holl men Hegerstown, Me
	JEIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Siets)
	Burial 7/16/1967 St Bhus Cemetery Ashland, Schuylkill& la
24	HERAL DIRECTOR'S SIGNATURE , ADDRESS ADDRESS SIGNATURE
0	Lands h. Jennerry Suntestort DATE JUL 17 1967 Victoria Juste

TO BELLEVIEW OF ATTENDING PHYSICIAN: The law requires the death certificate be executed within 24 hours after death. Piege 4 may be retained by the hospital or attending physician.

LO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditions, pege 3 about be detached for as as the beneather permit. Then the mean make arbor be filed with the Stall Dilpt, of Health prior to burial, crimination, or removal, and in ally event, with **VR AIS (4)** 20M S-63



	I	te	ms 18ී&21 Di	Fishm 3 visian of ST	390 '	7-20-1 AL RESE/	MARYLAN ARCH AND	ID STATE RECORDS,	DEPART 301 W. F	MENT OF F	IEALTH EET, BA	LTIMORE,	MARYL	AND 2120	1	
FOR ST	TATE		10224			MED	ICAL EX	AMINER	S CERT	IFICATE!	DE	ATH		д» Н	100	22
HEALTH	DEPT.		LACE OF DEATH		*					JAL RESIDENCE	(Where dec	eosed ved			before o	idmission)
= 2 0 mg/			COUNTY WASH	HINGTO	N CO	UNTY	,	MARYLAND	0. 1	PENN	SYLV	ANIA	b. coun	ry Ful	ton	
Pod 4	A A	-	CITY OR TOWN (If :	outs de corporate	limits,	01311	c LENGTH	OF STAY IN 16	c Cit	OR TOWN (fo			, write RUR	AL ond give n	eorest t	own)
2, ond			write RURAL and g		n J					Warfo	rdsbi	יסייו				
2, -	e po		NAME OF HOSP TAL		(If not r	hospitol (give street ad	dress)	d STR	EET ADDRESS	<u> </u>	~				IS RESIDENCE ON A FARM?
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	12 ×		NAME OF		First			dd e		Lost	4 DAT		Month	1	Doy	Year
iter de Give l	# 5		Type or print)	HA	YES		EMANU	JEL	WAR	RD	OF DEA	TH J	JLY			167
ofter deoth 8. Give Pog olong with	7	5	SEX	COLOR OR RAC	CE 7	MARRIED	NEVER	MARRIED [8 DATE	OF B RTH		9 AGE (n years irthday)	IF JNDER 1 Y Months D		HOURS MIN
			MALE	WHITE		WIDOWED		DIVORCED _	6,	/26/19	15	52	γrs			
hours Item 13 Office	and 2 event		JSUAL OCCUPATION (Ging most of working life		done		ND OF BUSING	ESS OR	11 1	SHRTHPLACE (Stote	e or fareigi	n country)		12 CITÍZ COUN		HAT
	es]		LABORER	,, , , , , , , , , , , , , , , , , , , ,			Α.			ENNSYL		A			S.A	•
w.thin penal camine	poges 1 in any	13	FATHER S NAME						14. M	OTHER'S MAIDEN	NAME					
	File		AMOS WAR							RA SCR	EVE	R				
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				IMMEDIATE (LAUSE (o)					All Engle			56	ve/na/L/	hon	100hol
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ertif writi	used os burial,	22	PART II OTHER SIGN	IFICANT COND To	ONS CONT	RIBUTING 1	O DEATH BUT	NOT RELATED	TO THE TERM	VINAL DISEASE CO	ND T ON G	IVEN IN PA	RT 1(o)		19 W	AS AUTOPSY REORMED?
0 . 5	to b	CERTIFICATION	Patricht/K	as Malah	16/4	4/v//10	lalatol Int	/AX dela	dV						YES	
		STIFI(200 EXTERNAL CAUS PR MARY ☐ or CONTI	E WAS		20b DE	SCRIBE HOW	NURY OCCURR	ED (Enter no	ature of injury in	Port Lor	Port II of to	em 18)			
certification (confidence)	should t, prior		CAUSE OF DEATH	NICO INIC LI												
AMITER: e the certi e 4 should	- 62 E	WEDICAL	20c T ME OF INJURY Hour o.m.	f Month, Day, Y	109	20d II While	NJURY OCCURP			JURY (Home, for t, office bldg., etc		(€ity a	r town)	(Count	Y)	(Stote)
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P. C.	5 22 49		21 I certify		_							ction 🗽	, Inqu	iry 🔲,	and in	n my apinia
ē ē			death resulted	fram: N	atura c	ouses X], Accide	ent 🔲, 📑	uicide 🗌], Hamicide			nined mo	onner 🔽		
leosa durecto	des		ACTUAL	1 5		1	2			CHIEF MEDICA					22	DATE SIGNED
7 de 2	its		SIGNATURE	1.67	6	1.0	B		M D.	ASSISTANT ME			7	30 67	44.	DATE STORED
Cessary, general	IERA IERA		EXAMINER'S NAME (Type) Dr	T2 18F	D4T	A	2			DEPUTY MEDIC Address (Street				10-67	1	(2)
O DEFEET) The function A may be	o may be recolled in the Figure 1. Health or its designa	230	BUR.AL CREMATION,		Dit TE THERE		Za. NAME	OF CEMETERY	OR CREMATO			LOCATION		erstow	n Junty)	(Stote)
5 = ₹ √	2 ±	91	REMOVAL (Specify)		3/67					THODIS			,	RG FUI	.,	, ,
		24	TUREAL DIRECTOR	()	7101			RESS	4 (4) 5			STRAP		Y AR SALE		
VR A	A15ME (5)		1.1.11	1 1.5	9/200	20 17	11-		md	DATE	LI	130	1) - 4 m J ()	0	0



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CERTIFICATE OF DEATH

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12 CITIZEN OF WHAT

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WAS AUTOPSY

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(Stote)

Washington

IF UNDER 1 YEAR

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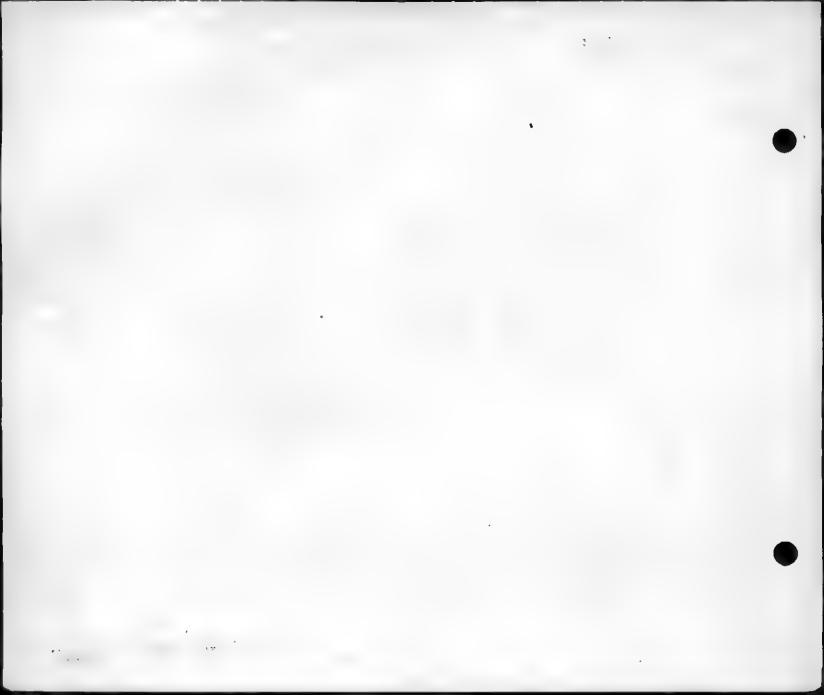
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TO CONTINUE OR ATTENDED FOR THE law The law requires that the death certificate be executed within 14 hays after death Page 4 may be retained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral	director, page 3 shauld be detached far use as the burat-transit permit. Then please remaye carban papers, ages I and 2	ie
TA	A	pd	e
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	H	Jire.	sho
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). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland o. COUNTY Washington MARYLAND b CITY OR TOWN (If outside corparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) 40 yrs. Hagerstown Marvland Hagerstown Md. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Washington County Hospital Suter Allev. NAME OF Middle 4 DATE First Inst DECEASED Washington OF Martha Elizabeth July (Type or pant) 9. AGE (In years 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Nov 29 1905 Colored WIDOWED DIVORCED Female 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 31 BIRTHPLACE (County & Stote, or foreign country) Domestic industry ivate Markham. Va. family 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNknow Dan Washington IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 216-303543 Mrs. Mary Johnson 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate couse (o). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) enin egra 206 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of Hem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour pm. foctory, street, office bldg., etc.) Not While of work ot work 2). I certify that (1) (this hospital) attended the deceased fram 6/2-6/6 and that death occurred at 5 10P.M. from causes and an the date stated above. sow the deceased alive an 220. SIGNATURE DIRECTOR M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d LOCATION (City or Town) BULL Specify) Hume. Va JULE 281 186

(County)

(County)

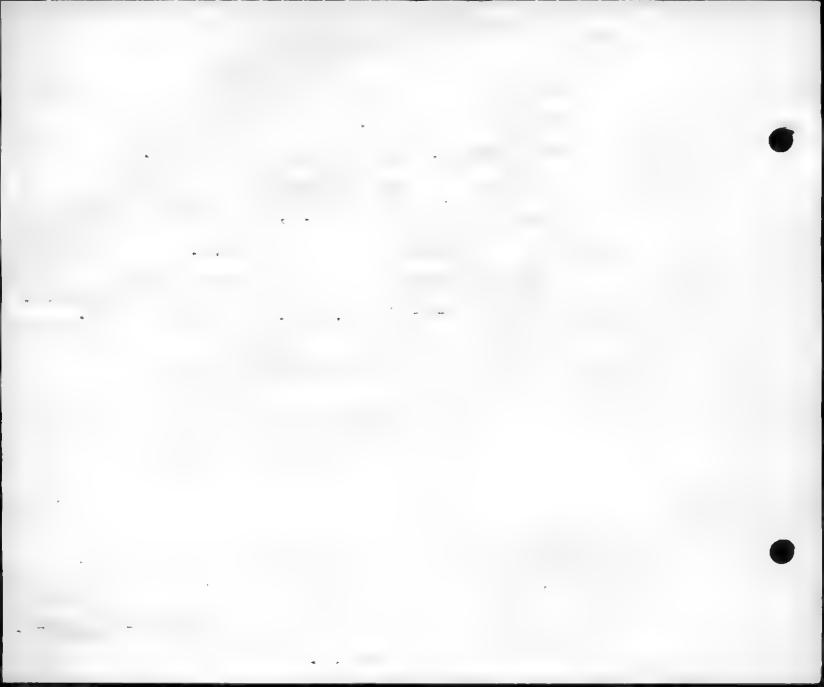
22b DATE SIGNED



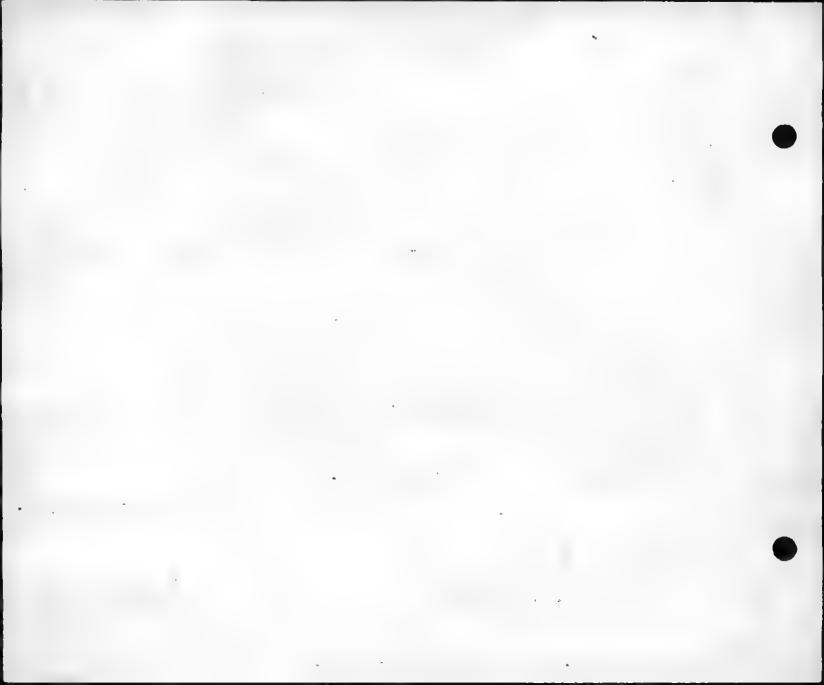
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	ナニットラ			CERTIF	ICATE	OF DEATH			al a	34117	
	ACE OF DEATH COUNTY	Washingto	n	MARY	'LAND	2 USUAL RESIDENCE (Where deceased l	ived, if instituti b. COUN	ITM A	before admission) strington	
	write RURAL and g	Nagerstow	n	c LENGTH OF STAY II			utside corporate li rstown	mits, write RUR	AL and give n	,m + 1	
d	NAME OF HOSPITAL	OR NSTITUTION (If no 203 West				d. STREET ADDRESS	West Sic	la Aug		e IS RESIDENC ON A FARM	
3 NA	AME OF		est est	Middle		Last	A DATE	Mant	h	Day Year	<u> </u>
DE (Ty	rpe or print)	D	oc	Joseph		Weaver	OF DEATH	July	7 27	19 G7	
s se)	Male	White	WIDOWED	NEVER MARRIED DIVORCED		Dec. 5,1892	la la	GE (In years ist birthdoy) yrs	Months D		HRS Im
t0a U! during	SLAL OCCUPATION (C most of working life	Give kind of work done a, even if retired) tex	10b KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Bentony			T2 CITIZI COUN	EN OF WHAT	
13. F/	ATHER S NAME			Weaver		14. MOTHER'S MAIDEN		. Matth	e#4.		_
IS W (Yes, r	VAS DECEASED EVER I	N.L.S. ARMED FORCES? yes give war ar dates o	of service) 16 :	SOCIAL SECURITY NO. 4-09-3068		Mary C.Wea		Addre	stager	stown, Md.	
rí: st la	anditions, if any, we se to immediate to taking the underly ist.	ing cause DUF	TO (b)			of prostate			sis	lo was alltodes	
E L										PERFORMED? YES NO	
L CERTIF	0o ACCIDENT WAS U OR CONTRIBUTING □ OF EITHER, NOTIFY ME	CAUSE OF DEATH		oue grief hom injory of	CORRED	Enter nature of injury in	Part I or Port II	at item 18.)			
MEDICAL	Oc TIME OF INJUR Haur a.m. p.m.	Month, Day, Year none	20d 1h While at wark		20e PLAC	E OF INJURY (Hame, farn pry, street, affice bldg., etc. 110110	n, 20f (C	dy ar town) →	tuo)	(Stot	e)
	saw the dec	that (1) (this has eased alive an	pital) attend July 1	ded the deceased 4 19 <u>67</u> , a	fram and that	death accurred at	19 <u>62</u> , to_s PM, fr	July am causes (, 19 <u>_6</u> and on the	7 that (I) (we) date stated ab	las ove
7	22a. SIGNATURE	word 12 Th	iten	A.	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED 8- 67	
7	22c PHYSICIAN'S NAME (Type)	Dr. Hard	ld R.	Tritch,Jr	M.D.	22d ADDRESS	302 N. I	Potomac	St Ha	gerstown	h C
1	BUR AL, CREMATION, REMOVAL (Specify).	17/30/	FREOF	23c NAME OF CEME	tery or (rematory Cemetery 250 REF		ON (City or Tov		ounty) (State	
	FUNERAL DIRECTOR Rest Hav	Wru. G.	. Chane	*			BY AGHTRAN	36 25b AF	GHTRARY MOT	SECOND OF THE PROPERTY OF	

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Seath certificate be executed within 24 hours after death. Land TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remay Corbon papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours of event, within 72 hours Page 4 may be retained by the haspital or attending physician.



FOR STATE		10666		MEDICA	L EXAM	INER'S	CERTIFICATE (OF DEATH		2016	i O
EALTH DEP		PLACE OF DEATH O COUNTY	IN TON		M	RYLAND	2 USUAL RESIDENCE a STATE	(Where deceased	ved if institution b. COUNTY		
T, 2, and 3 to m PM3. Page Department of		CITY OR TOWN (If autside co write RURAL and give neare HA ERSTOWN	marata um te	Ç	ENGTH OF STA	Y IN 1b	CITY OR TOWN (Fo		mits write RURAL		
S 1, s 1, orm		NAME OF HOSPITAL OR NSTITUTE WESTERN MAI	· ·		treet address)		d. STREET ADDRESS	ST AVENU	£		IS RESIDENCE ON A FARM? ES NO [X
Give Pages ong with for	3	NAME OF DECEASED (Type or print)	First		Middle HAINES		lost WEMPE	4 DATE OF DEATH	Month JULY	Day	Year
0	S	FEMALE WHI	OR RACE 7	MARRIED WIDOWED	NEVER MARR	IED 🗀 B	DATE OF BIRTH	35	ast birthday) 82 yrs	IF UNDER ' YEAR Manths Days	Haurs Min
14 h		USUA. OCCLPATION (Give kind o ng mast at warking lite, even if ri HOMEMAKER FATHER S NAME	of wark done	INDUST	F BUSINESS OR RY HOME		IURAY 14. MOTHER'S MAIDEN	VIRGIN	.,	12 CITIZEN OF COUNTRY?	A.
d be executed within 2 d "pending" in pencil ii Chief Mea col Exominer transit permit File page: event within 72 hours af	1 S (Ye	WAS DECEASED EVER IN U.S. ARM s, no. or unknown) Infyes give v	HAT MED FORCES? var or dates of so * ***	16. SOCIA	L SECURITY NO		MARTIN E.	WEMPE			YLAND.
should be exi te word "pend to the Chief Me bunal-transit pis to any event wir		IB. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAU 1MME	CED RV-	Bronch		nonia_				ONSI	RVAL BETWEEN T AND DEATH
e ± = =		Conditions, I any, which gave rise to immediate couse (a) stating the underlying couse last	DUE TO			otic C	ardio Vasc	ular Dis	ease	Several	
his certificat ote, writing e forworded be used as a emova, ond	ATION	PART 1 OTHER SIGNIFICANT C	ondit ons <u>con</u>							F	NAS AUTOPSY PERFORMED? NO X
NER: Thi certificoti thould be tiles. should be should be	MEDICAL CERTIFICATION	70 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month,			in he	r home	Enter nature of injury in		of item 18:	conty)	(\lambda for te)
	MED	Hour a.m. <u>P.m. 5-12</u> 21. I certify that I to	19 65		Not While at work s described] facto	ry, street, office bldg., etc Home	() Hage		Washingto y ond	
MEDICAL lease exe director leasing for place f		deoth resulted from	Notural of	couses 🗶,	Accident [Suici		e, Unde al examiner edical examiner		nner 🗌	t. DATE SIGNED
necessary, pleas necessary, pleas the funeral direct 5 may be retain 6 FUNERAL DIRI Hea'th prior to		EXAMINER'S NAME Type)	W. DITI	O, JR.	9		DEPUTY MEDIC Address (Stree	CAL EXAM NER ()		WASH	Y 17, 1967
necessa the fun 5 moy TO FUNE Health		BURIAL CREMATION REMOVAL (Specify) BURTAT. FUNERAL DIRECTOR	7/18/6	OF 23	ROSE	METERY OR C	REMÁ ÖRY EMETERY	HA ER	STOWN. W	VASH CO	(State)
VR A15ME (5)		CHARLES M. B	OUZER,	HAJERS	TOWN.	MARYLA	EMETERY ND. DATE	19 19	of fee	arles yu	age



pages 1 and 2 with the state Department of in any event with 72 haurs after death.

File

permit

Belay is

in penci, in Item 18, Give Pages 1,

This certificate whoul be executed within 24 haurs after dwath

M3_Bpg

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	20	n	10	
-	2	E.	U	

. W. 20 340 140 1	MED	TORE EXAMINER 5	CERTIFICATE O	PERIII	and he had not to
). PLACE OF DEATH		*	2 USUAL RESIDENCE (V	Vhere deceased livêd, if institution R	esidence before admission)
D. COUNTY	Washington	MARYLAND	a STATE MC		Wash.
b CITY OR TOWN (f autside corporote limits,	c LENGTH OF STAY IN 16	C CITY OR TOWN (F ou	tside corporate limits, write RURAL a	nd give nearest town)
Maugai	d give negrest town) nsville	5 years	Maugans	sville	
	A. OR INSTITUTION (if not in haspital c	ive street oddress)	d. STREET ADDRESS		e IS RESIDENCE
412 N	. Main St.		412 N.	Main St.	ON A FARM? YES NO
3 NAME OF OECEASED	F rs†	Middle	Last	4 DATE Month OF	Oay Year
(Type or print)	Maud	Alice	Willey	OFATH July 10	19 67
S SEX	6 COLOR OR RACE 7. MARRIED	NEVER MARR EO	8 DATE OF BIRTH	9 AGE (In years IFI	INDER 1 YEAR IF UNDER 24 HRS
female	white WICOWED	D VORCED	11-11-1886	80 rthday) Ma	nths Days Hours Min
Do USUAL OCCUPATION bring most of working		ND OF BUSINESS OR DUSTRY DILLOGO	11 B RTHPLACE (State Mead, N		12 CITIZEN OF WHAT COUNTRY?
3 FATHER'S NAME			14. MOTHER'S MAIDEN		
	Jay Willey		·	Elizabeth Gi	lchrist
		SOCIAL SECURITY NO 17	INFORMANT	Address	
no no drunknown)	(If yes give war or dates of service)	M	rs. Cliff	Zicafoose, Me	ad, Nebr.
	EATH (Enter only one cause per line for				INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a) Arte:		eart Disease	S	onset and OEATH
4200	DUE TO	C LOSCILO LO MILO. L	COL II DEGERAL		ar ar ar ar
Canditions, if any		f. 2nd docres	huma of al	est, shoulders	
rise ta immediat	e conse (o), (o r to	g Diny neglee	DUITUS OI CI	ies to shouthers	
stoting the unde	rlying couse (c) & fa	ce.		Ser	veral hours
	GNIFICANT COND TIONS CONTRIBUTING 1		THE TERMINAL DISEASE CON		19 WAS AUTOPSY
5	GNIFICANT COND HONS CONTRIBUTING I	O DEATH BUT NOT RECATED TO	THE TERMINAL DISEASE (UN	IDITION SIVEN IN PART I(a)	PERFORMED? YES NO
2Da. EXTERNAL CA PRIMARY Or CO (AUSE OF DEATH		SCRIBE HOW INJURY OCCURRED	(Enter nature of in ary in	Part Lar Part Laf item 18)	
		t fell from co	mmode on to	small electric	nesten
20c. TIME OF INJU	JRY Manth, Day, Year 2Dd II	IJURY OCCURRED 2De PL/	ACE OF INJURY (Hame, farm	, 20f (City ar tawn)	(Caunty) (State)
Hour a.r	711110	Not While	tory, street, affice bldg , etc.) Tome Ma	uransville. Wasi	nington Md
	y that I took charge of the ren				ond in my opinion
death result	·		cide . Hom cide		
dedin reson	Adiota cases		CHIEF MEDICAL		1 N
ACTUAL SIGNATURE	N. EW of	16-2		CAL EXAMINER 7-114	-67 22. DATE SIGNEO
EXAMINER'S NAME (Type)	Dr. E. W. Ditto,			LEXAMINER (City, town or county) Hager:	· ·
230 BUR AL CREMAT C		23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)	(Caunty) (Stote)
REMOVAL (Specify		Sunrise Ce		Wahoo, Nebr	,
24. FUNERAL DIRECTO	R	ADDRESS	2Sa. REC'C		AR S SIGNATURE
Minnie	h Funeral Home,	Hagerstown	, Md. DATE UI	17 1967 you	were Judge

necessary, please execute the certificate, writing the ward "pending in penci. in Item 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office a ang with farm Health or its designated agent, priar ta burial, crematian, or remaval, burial-transit 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a

MIDTER I XAMINER:

TO DEPUTY

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF TEACH.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10227

10229

	when the street to	40					
	PLACE OF DEATH o. COUNTY	Vashingto	n	MARYLAND		Where deceosed lived, if institute ryland b. COU	rion: Residence before odmission) NTY Frederick
	b. CITY OR TOWN (If outside corporate limi	ts,	c. LENGTH OF STAY IN 16		tside corporate limits, write RU	
	100	own corest town)		D. O.A. Alms		hsburg rw	ral 10.2
		AL OR INSTITUTION (If r			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
M	lashingt	on Count;	y Hosp	pital	Fo	xville	YES NO X
3.	NAME OF DECEASED (Type or print)	Sad	irst Le Ma	Middle arie Wolfe	Lost	4. DATE Mon OF DEATH July	th Day Year 4 19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years Jost birthday)	Months Days Hours Min.
ene	nale	white	WIDOWED	DIVORCED	2-4-1900	67 Yrs.	Months Days Hours Min.
100	. USUAL OCCUPATION	(Give kind of work done		CIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT
F	ing most of working Lousewii	e even in renirea		NDUSTRY Own Home	Mar yl	a n d	COUNTRY? USA
	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME	
	Lewis	Smith			Emaline	Comfort	
	. WAS DECEASED EVE	R IN U.S. ARMED FORCES'		SOCIAL SECURITY NO. 7 17.	INFORMANT	Addr	229
	IO	fil Aes dive and of ones	or sorvice /	219-20-1757	Elaine Ba	ker Smiths	burg, Md. RD 1
	18. CAUSE OF DI	EATH (Enter only one co	use per line fo	r (o), (b), and (c).)	enhar.t		INTERVAL BETWEEN ONSET ANDADEATH
		IMMEDIATE CAUSI	(o) CC	CABRO YUICO	Villet 12		Joseph John Marie
	4201		E TO	2 +46 X03/420	Vin 22 ,	de Dis	212 1(x Konsul)
	Conditions, if ony rise to immediat	a couse (n)	(b)	2 (1900 (190)	90 721	EX 116 116	10 milesoft
	stoting the unde		(c)	Lingalisted	94 138 10 x	(2917)	UNENDIEN
ATION	PART II, OTHER SI	GNIEJCANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. 0	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item IB.)	
MEDICAL	20c. TIME OF INJ Hour o.	10	While	e Not While foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
	21. I certi	fy that (1) (this ha		nded the deceased fram	74 ,1	9/02, to 1-12-	, 19/2, that (I) (we) las
	saw the d	eceased alive an_	1-11	1967, and tha	t death accurred at	751 M, from causes	and an the date stated above
	220. SUSMATURE	1 div	1.1		ATTENDING TO	MED. STAFF	22b. DAJE SIGNED
	22c. PHYSICIAN'S	mudiga	MI	M.	D. PHYS. LAI 22d. ADDRESS	DIRECTOR L PHYS. L	1/2/1901
	NAME (Type		rdizab	al, M. D.		th Potomac St	. Magerstown, Md.
230	BURIAL, CREMATIO	ON, 236. DATE TO		23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	, , , , , , , ,
	REMOVAL (Specify		-67	Mt. Moriah		Foxville	Fred. Co. Md.
24	FUNERAL DIRECTO	Raymond	E CD	eager	DATE U	L I 0 1967 25b. RI	EGISTRAR'S SIGNATURE
-	W My Club	n	000	Thurmont.	MC	1 0	

bon popers. Poges Il and within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: TIM low maquires that the death certificate Be executed within 24 hours often death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compledirector, page 3 should be detached for use as the burial-transit permit. Then please remove a should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any every Page 4 may be retained by the hospital or attending physician.

Accus 401 All 12 (22) 150 (22) 150 (23) tresmond ... Commercial

10222

10230	CERTIFICATE	OF DEATH		LUGRO
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI 0. STATE Mary	nere deceased lived, it institution b. COUNTY b. COUNTY	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown	LENGTH OF STAY IN 16	Hagerst	ide corparate limits, write RURA OWN	21.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s Washington County Hospita		d. STREET ADDRESS 837 Vir	ginia Ave	e is residênce On a farm? Yes Jan o
3. NAME OF DECEASED (Type or print) Promoture Baby Bo		h J. Young		38 1967 19
S. SEX 6. COLOR OR RACE 7. MARRIED Wildowed Wildowed	DIVORCED	B DATE OF BIRTH July 28.19	67 last birthdoy)	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of wasking life even if retired)	RYNONS	11. BIRTHPLACE (County & Hagers to		12. CITIZEN OF WHAT COUNTRY?
Joseph J. Young		14. MOTHER'S MAIDEN NA	da Sipes	
(Yes_no, ar unknown) (If we give war or dates of service)	one	oseph J. Y	oung Hagers	a.Ave stown, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove nise to immediate cause (a), stating the underlying cause (c) DUE TO (c)	stanty ((161-48)		ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DECEMBE	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
LITETITEK, NUTIFI MEDICAL EXAMINEKT	BE HOW INJURY OCCURRED.	(Enter nature of injury in Po	urt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at wark		CE OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive on 7/28/	the deceased from1967, and that		120AM, fram causes ar	, 192, that (1) (we) las
220. SIGNATURE, A Decor	M.I		AED. STAFF PHYS.	22b. DATE SIGNED
122c. Physician's A.M. BAccon	JR MID	10/ Re	27 St Hayer	Town nell.
Burial Specify July 29/67	Manor Cem		28d. LOCATION (Cry or Town	and the
24. FUNERAL DIRECTOR Hagerstown Md. Andrew K. Coffman Funera	ADDRESS Al Home In	2Sa. REC'D	BY REGISTRAR 25b. RECI	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fine director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in the vegat, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur Page 4 may be retained by the hospital ar attending physician.

WAS STREET ner value de l'estigner ## CF 4/1.00 Decre : Total Bendings Total Courty Months and Court State and Topograms buty they of speeds 4. Young Line 128 gg 7 deal so with the the server will brown . Disconsiste and the sale all the state of the later of the state of t of does granted the test that the test of Tales (and the test of Andrew a Voltage Remeral Heart Tree